

Rights and Justice Program

School of Law

La Trobe University

“It’s Hard to Open up to Strangers”

**Improving Access to Justice:
The Key Features of an Integrated
Legal Services Delivery Model**

Research Report

Associate Professor Mary Anne Noone

&

Kate Digney

Funded by

Legal Services Board (Victoria)

September 2010

ACKNOWLEDGEMENTS

I wish to acknowledge and thank the following people and organisations for their support and assistance in this research project:

- Clients of West Heidelberg Community Legal Service who participated in the research.
- The Management Committee of West Heidelberg Community Legal Service and the Board of Banyule Community Health for their support and facilitation of the research.
- Members of the Advisory Committee who provided support, helpful direction and practical guidance for the research project: Peggy Kerdo, Cynthia Munro, Jim Pasinis, Gary Sullivan, Julie Watson and Liz Curran (from April 2009).
- All management and staff of both West Heidelberg Community Legal Service and Banyule Community Health who supported, encouraged and participated in the research.
- Lisa Jones, School Administration Officer, School of Law, La Trobe University for assistance in production of this report.
- Legal Services Board Victoria for funding the research project
- School of Law, La Trobe University for IT and office support
- And finally, Kate Digney for her dedicated, thorough and thoughtful research assistance.

Mary Anne Noone
30 September 2010.

Table of Contents

| | |
|--|----|
| EXECUTIVE SUMMARY | 2 |
| 1. INTRODUCTION | 12 |
| 1.1 Background to the Research Project | 12 |
| 1.2 Objectives of research project | 13 |
| 1.3 Contents of Report | 13 |
| 1.4 History of WHCLS & BCH | 13 |
| 1.5 Access to Justice and Legal Needs Research | 17 |
| 1.5.1 Level of legal need and social exclusion | 18 |
| 1.5.2 Connection to health | 19 |
| 1.5.3 Clusters of problems and response required | 20 |
| 1.5.4 Advice Seeking Behaviour | 21 |
| 1.6 Related policy strategies | 22 |
| 1.7 Conclusion | 25 |
| 2. DEFINITIONAL ISSUES | 26 |
| 2.1 What are 'Integrated services'? | 26 |
| 2.2 Integrated Legal Services (Multi-disciplinary practices) | 28 |
| 2.3 Features of integrated services | 31 |
| 2.4 Measures of an integrated legal service delivery model | 33 |
| 3. RESEARCH METHODOLOGY | 35 |
| 3.1 Introduction | 35 |
| 3.2 Advice on Research – its method and process. | 35 |
| 3.2.1 International Input | 35 |
| 3.2.2 Local Advisory Body | 36 |
| 3.3 Collection of existing statistical data | 36 |
| 3.4 Identification of referral policies and practices | 37 |
| 3.5 Staff online survey | 38 |
| 3.6 Staff diaries | 39 |
| 3.6.1 WHCLS Log of Referrals | 41 |
| 3.7 Client and lawyer questionnaires | 41 |
| 3.7.1 Client interviews | 42 |
| 3.7.2. Lawyer interviews | 43 |
| 3.7.3. Follow up interviews. | 43 |

| | | |
|--------|--|-----|
| 3.8 | Staff interviews | 44 |
| 3.9 | Staff workshop | 46 |
| 3.10 | Data Analysis | 46 |
| 4. | CLIENTS AND THE LOCAL COMMUNITY | 47 |
| 4.1 | The Community Demographics | 47 |
| 4.1.1 | Demographic profile and service needs of those who use WHCLS and BCH | 47 |
| 4.1.2 | Demographic attributes of client survey participants | 50 |
| 4.2 | The community's legal needs | 51 |
| 4.2.1 | The legal problems presenting to WHCLS | 51 |
| 4.2.2. | The legal problems presenting to BCH | 52 |
| 4.3 | Complex and interconnected problems | 60 |
| 4.3.1 | Complex need | 60 |
| 4.3.2 | Supports received for other problems | 66 |
| 4.3.3 | The link between legal problems and other problems | 67 |
| 4.3.4 | Health problems | 68 |
| 4.3.5 | Problems related to Family Violence | 73 |
| 4.3.6 | Observations on Complex Need | 76 |
| 4.4 | "The one stop shop" – the collocation experience | 77 |
| 4.4.1 | Relevance of collocation for community | 81 |
| 4.5 | Referral processes for clients | 82 |
| 4.5.1 | Legal referrals | 82 |
| 4.5.2 | Non legal referrals | 83 |
| 4.5.3 | Self Referrals | 85 |
| 4.5.4 | Referral summary | 85 |
| 4.6 | Identifying problems and solutions: role of client and community. | 86 |
| 4.6.1 | Challenge in identification of problems: a housing example | 87 |
| 4.6.2 | Identifying service solutions | 90 |
| 4.6.3 | Identifying problems and solutions summary | 95 |
| 4.7 | Confidence, trust and respect. | 95 |
| 4.6.1 | Relevance of Trust | 98 |
| 4.8 | Engaging and understanding the community. | 99 |
| 4.9 | Points of conflict. | 104 |
| 5. | SERVICE DELIVERY, WORK PRACTICES AND STAFF | 106 |
| 5.1 | Staffing Structures | 106 |
| 5.1.1 | West Heidelberg Community Legal Service (WHCLS) | 106 |
| 5.1.2 | Banyule Community Health (BCH) | 106 |
| 5.2 | Collocation of services | 107 |
| 5.3. | WHCLS and BCH Staff Referral Practice. | 111 |
| 5.3.1. | WHCLS Referral policy and practice | 114 |
| 5.3.2 | BCH Referral Practice | 117 |
| 5.4 | Joint casework, secondary consultations and community work | 120 |

| | | |
|------------------------------------|--|------------|
| 5.4.1 | Joint casework and secondary consultations | 120 |
| 5.4.2 | Community Projects | 124 |
| 5.5 | Identification of problems and the identification of solutions | 127 |
| 5.5.1 | The role of intake and assessment tools in identifying problems. | 127 |
| 5.5.1.1 | WHCLS Intake systems | 128 |
| 5.5.1.2 | BCH Intake systems | 129 |
| 5.5.1.3 | Assessment tools | 130 |
| 5.5.2 | The impact of staff and their roles on the identification of problems and solutions. | 132 |
| 5.5.2.1. | BCH Staff | 132 |
| 5.5.2.2 | WHCLS staff | 133 |
| 5.5.2.3 | Relevance of job roles | 140 |
| 5.5.3 | The impact of professional training, perspective and interests | 141 |
| 5.5.4 | Joint identification of community need not just delivery services | 145 |
| 5.6 | Trust, Respect and Confidence | 149 |
| 5.6.1 | Knowledge and experience | 149 |
| 5.6.2 | The right people for the job | 154 |
| SECTION 6 THE ORGANISATIONS | | 157 |
| 6.1 | WHCLS and BCH – Structure, funding and culture | 157 |
| 6.1.1 | Governance structure of the organisations. | 157 |
| 6.1.2 | Funding and Resources | 159 |
| 6.1.3 | Purpose Built Accommodation | 161 |
| 6.1.4 | The shared history of WHCLS and BCH | 163 |
| 6.2 | Collocation and the sharing of resources | 165 |
| 6.2.1. | Sharing operational resources and expertise | 166 |
| 6.2.2 | increased capacity of organisation | 170 |
| 6.2.3 | Staff retention and worker happiness | 174 |
| 6.3 | Identification of shared needs and opportunities. | 176 |
| 6.3.1 | Referral processes and opportunities for joint work | 176 |
| 6.3.2 | Informal and incidental opportunities to identify problems | 181 |
| 6.3.3 | Formal opportunities to know each other. | 185 |
| 6.3.4 | Responsive and flexible approaches | 187 |
| 6.3.5 | Identifying community need and community participation. | 188 |
| 6.3.6 | The role of leadership in identifying problems and solutions | 189 |
| 6.4 | Organisational trust and respect for the relationship | 192 |
| 6.4.1 | Shared culture | 192 |
| 6.4.2 | Providing services to the local community or a community organisation | 193 |
| 6.4.3. | Maintaining the relationship and managing conflict | 195 |
| 7 | THE SYSTEMS | 198 |
| 7.1 | The service systems – standards and expectations. | 198 |
| 7.1.1 | WHCLS and Community Legal Centres | 198 |
| 7.1.2 | Banyule Community Health and Community Health Centres. | 200 |
| 7.2 | Service system policy : integration, collocation and joined up solutions | 202 |
| 7.2.1 | Integrated service systems - WHCLS | 202 |
| 7.2.2 | Integrated service systems - BCH | 203 |
| 7.2.3 | Collocation | 204 |
| 7.2.4 | “Person centred” service systems | 205 |
| 7.2.4.1 | Flexibility and time restraints | 206 |

| | | |
|-------------------|---|------------|
| 7.2.4.2 | Service targets, waiting lists and tight eligibility criteria | 207 |
| 7.3 | Service systems: problem and solution definitions | 210 |
| 7.3.1 | Information and data collection | 210 |
| 7.3.2 | Local and whole of government approaches to problem solving | 212 |
| 7.4. | Service systems role in trust and respect between organisations, professionals and the community | 215 |
| 8 | INTEGRATED LEGAL SERVICES | 216 |
| 8.1 | Key Features of an Integrated Legal Service | 216 |
| 8.1.1 | Central role of the community and clients | 217 |
| 8.2 | What facilitates and impedes integrated legal service delivery? | 218 |
| 8.2.1 | It meets a common purpose with another organization/s or service providers | 218 |
| 8.2.1.1 | Community and clients | 219 |
| 8.2.1.2 | Service Delivery and Staff | 219 |
| 8.2.1.3 | Organisations | 220 |
| 8.2.1.4 | Systemic perspective | 221 |
| 8.2.2 | It increases the community's access to services and support to meet complex and interconnected needs | |
| 8.2.2.1 | Community and clients | 222 |
| 8.2.2.2 | Service Delivery and Staff | 223 |
| 8.2.2.3 | Organisations | 224 |
| 8.2.2.4 | Systems | 225 |
| 8.2.3 | It assists with identifying complex and interconnected needs and developing responses | 225 |
| 8.2.3.1 | Community and clients | 226 |
| 8.2.3.2 | Service delivery and worker perspective | 227 |
| 8.2.3.3 | Organisations | 228 |
| 8.2.3.4 | Systems | 229 |
| 8.2.4 | Shares common values and understandings | 230 |
| 8.2.4.1 | Community and clients | 230 |
| 8.2.4.2 | Service Delivery and staff | 230 |
| 8.2.4.3 | Organisations: | 231 |
| 8.2.4.4 | Systems | 232 |
| 8.2.5 | It engages the community in problem solving and solutions | 232 |
| 8.2.5.1 | Community | 233 |
| 8.2.5.2 | Service Delivery and Staff | 233 |
| 8.2.5.3 | Organisations | 233 |
| 8.2.5.4 | Systems | 234 |
| APPENDICES | | 241 |

EXECUTIVE SUMMARY

Improving Access to Justice: Key Features of Integrated Legal Services

International and Australian research has established links between legal and health need, particularly for people with chronic illness and disability; links between social exclusion and clusters of legal need; and the prevalence of non-legal services as the first port of call for assistance with legal need. These findings provide strong support for integrating the provision of legal services with health and welfare services and for establishing good referral practices between legal services and non-legal community and health services.

The key objectives of this research project are:

- To gather both quantitative and qualitative data on the integrated (holistic) legal practice based at the West Heidelberg Community Legal Service and Banyule Community Health
- To identify key features of an integrated legal service delivery model that delivers appropriate and timely legal services to clients in an ethical and efficient manner
- To assess what facilitates and impedes the provision of an integrated legal service to clients with multiple problems

1. Data on West Heidelberg Community Legal Service and Banyule Community Health

Quantitative and qualitative data gathered about the practice of the West Heidelberg Community Legal Service (WHCLS) which is collocated with Banyule Community Health (BCH) is detailed in this report. Multiple methods were used to collect the data and these included:

- An Advisory Group
 - two WHCLS solicitors, BCH CEO, BCH community staff and Primary Care Partnership EO
- Collection of existing data
 - Six month period Jan–June 2009
- Identification of referral practices
 - Formal policies and practices
 - Informal (through observation)
- Staff online survey – 62 responses (150 staff approx)
- Staff diaries (3 WHCLS & 6 BCH)
- Client interviews/lawyer interviews (30)
- Staff interviews (12 (approx 1 hour))
- Staff workshop (19.3.10)

The project identified “an integrated legal service delivery model” could be measured against whether there exists:

- Central focus on the needs of the client/community
- Holistic service delivery approach
- Organisational partnership and collaboration
- Whole of government and service system approach to complex community need.

These themes were adopted in the analysis of the data collected on the practice of WHCLS (See sections 4-7 of report).

Research Findings - Highlights

1.1 Legal Needs

Clients present to WHCLS with traditional legal problems including criminal matters, family law and credit and debt issues. In contrast, the top ten legal problems identified as being experienced by the local community who use Banyule Community Health by BCH staff was much broader: credit and debt problems, problems with access to appropriate housing, income or government benefits, problems with government and health services, problems with the legal system, victims of crime, family violence, family law problems, and criminal matters.

These findings are consistent with other legal need surveys which identified: people do not always seek assistance with legal or rights problems and if they do, other support services such as GPs and other health and community services are often the first point of contact for such problems.

Additionally, three specific legal problems were identified as particularly relevant to the community accessing BCH programs and services:

- obtaining consent for health treatment of children when children are not presenting with their legal guardian. This is also an issue for elderly patients with dementia.
- legal redress for victims of past assaults where these assaults are addressed or raised in therapeutic or counselling setting years later
- ensuring the rights of a person with an intellectual disability (particularly those with a profound intellectual disability) living in community based care are met

1.2 Complex nature of client's lives

Many community members who present at WHCLS for legal assistance are :

- experiencing other problems
- experiencing a significant number of other problems,
- likely to be experiencing problems related to their health.
- experiencing problems with employment, family and relationships, income and navigating the legal system
- experiencing a higher number of these problems if they are experiencing problems related to family violence and criminal charges.

90% (27) clients experience some other problems in addition to their legal problem.

- Health problems (18 participants) most prevalent “other problems”
- employment problems (11),
- family or relationship problems (8),
- problems with the legal system (7),

- problems with housing (6) and
- credit and debt problems (5).

Some clients commented on how seeking legal advice assisted with resolving some of their health problems particularly those related to anxiety and stress

Most clients interviewed, identified a link between at least some, if not all, of their problems. There were many things going on in the lives of the clients. These issues included health problems, income pressures, housing and family/relationship difficulties combined with at least one legal problem and often significant levels of stress and anxiety.

Clients did not usually perceive their problems as single problem entities or even linear problems with a definable beginning and end. Rather the way they described their situations, was more like a ball in which the clients, particularly those with a large number and intensity of legal, health and social problem, seemed to be tumbling around in, attempting to manage bit by bit.

Client's problems impacted on their health, mobility and energy, on their income, their housing stability, their available family and social supports, their ability to access services and available choices.

1.3 Identifying problems and solutions

The identification, or not, of problems and their solutions by community members has an impact on the services they access and referrals. In order to access supports and services community members need to;

- identify they have a problem
- know about services
- be able to identify the relevance of that service to their problems
- be able to physically access the services
- have the confidence to raise problems and ask for help
- have the expectation and confidence in the service to act on that request

1.4 Referral Practices

Neither WHCLS or BCH data bases recorded statistical information on referrals between the two organisations. As a result there is no raw data available on number of referrals made between the organisations during the research period.

At the time of research no formalised referral protocols, forms or practices were set up between WHCLS and BCH. Referral practice was solely influenced and managed by individual staff and largely determined by the knowledge and relationship between WHCLS and BCH staff members. No referral information including connection to BCH services passes between the services. Neither WHCLS or BCH has access to other's client information management systems.

Collocation alone does not guarantee integrated services. Collocation of WHCLS and BCH does enhance and enable some staff to make referrals, access secondary consultations and work together. However, not all BCH and WHCLS staff make referrals, seek professional advice or work together. Those staff that did not engage

in integrated services often did not know each other or have opportunities to work together.

1.5 Joint casework, secondary consultations and community work

The research identified joint casework, secondary consultations between WHCLS and BCH staff and joint community projects by WHCLS and BCH as facilitators to a holistic approach to assisting a community member with multiple and connected problems and to assisting the community with prevalent problems.

Additionally secondary consultations and joint casework can provide time savings which enhance the capacity of WHCLS and BCH to further assist the community with legal problems.

1.6 Who practices integrated services

Individuals with contact to the counselling and community programs services at BCH led to a greater chance of being connected to WHCLS than individuals with contact to medical, dental or allied health services and programs. In survey period no contacts documented with allied health and medical services.

Staff with a professional focus and training in social and welfare needs more likely to refer to WHCLS than those trained as health professionals. BCH Counselling and Community Programs team have greater awareness and relationship with WHCLS than Clinical Services team

1.7 Factors influencing trust and respect between staff

The research identified when staff knew and trusted each other they worked well together. Factors which influenced trust, respect and confidence in other staff were:

- experience of working with each other;
- having a common focus, approach and values to their work; and
- leadership in promoting opportunities for staff to know and work together.

The collocation of WHCLS and BCH and the opportunities it creates for relationship building, facilitates staff increasing their knowledge of the work practices of other professions.

The “demystification of lawyers” was noted as a significant advantage of the relationship between the two organisations. This was not only about making a legal service more approachable for the community but between staff. The positive impact of WHCLS staff being responsive and approachable was identified in the research. This was seen to break down professional stereotypes and lead to a decrease in conflict occurring between staff due to misunderstandings of roles.

1.8 Integrated service systems - WHCLS & BCH

At a systems level, the research identified a lack of resources available to community legal centres, like WHCLS, to assist in the development of partnerships and referral processes. Additionally there is no systemic support for identification and development of program responses to local community justice needs with other community organisations. In contrast the research identified significant systemic resources provided to BCH by the Victorian health system. These resources were

directed to develop partnerships and integrated referral and service coordination with other organisations involved in primary health care system

1.9 Flexibility, time restraints and funding arrangements

The flexibility and responsiveness of WHCLS and BCH to community need and work roles that enable staff to be flexible in how and where they work with people are key factors in provision of integrated services. Integrated practice happens when a community member has a connection and trust with staff at WHCLS or BCH (or both) or with one of the organisations. Building trust with clients takes time. Clients benefited when there was flexibility in the amount of time available to provide services.

In contrast those BCH services that had to meet service targets, ease waiting lists and were funded per service unit were less able to provide integrated services. Waiting lists and a lack of access to services were identified as significant barriers to integrated practice.

2. Five Key Features of an Integrated Legal Service

Meets a common purpose

At WHCLS the common purpose is to address the complex and interconnected legal, health and social needs of the local community

Increases community's access to services and support

At WHCLS this occurs through collocation with BCH

Assists with identifying complex and interconnected needs and developing responses

At WHCLS this occurs through referrals and collaborative case and community work with BCH

Shares common values and understandings

At WHCLS this is illustrated in the trust, respect and confidence between community, staff, management and BCH.

Engages the community in problem solving and solutions

At WHCLS, this occurs with and through BCH groups and services.

Each of these features are facilitated or impeded at a community and client level, at a service delivery and staff level, at an organizational level and at a systemic level.

What Facilitates Integrated Legal Services

Central role of the community and clients

The research demonstrates the community that a legal service provides services to, are not only the core reason for integrated service delivery but they also actively influence it. The manner in which the community members connect, or do not connect, with a service is an important ingredient, perhaps the essential ingredient, in the success of integrated legal service delivery. To achieve best possible outcomes for addressing multiple, complex and interconnected legal, health and social problems, community based legal organisations require an understanding of how their community interacts with services so they can adapt and develop holistic service and supports which will engage the community.

3. What facilitates and impedes integrated legal services

3.1 *Meets a common purpose with another organization/s or service providers*

3.1.1 *Community and clients*

- √ The community needs assistance with legal, health and welfare problems.
- √ The needs of the community drive integrated practice.
- √ Services are accessible to the community

- X Services are inaccessible to the community.
- X A client or community may not be ready or want to deal with more than one problem at one time.

3.1.2 *Service Delivery and Staff*

- √ Services are delivered to the same community.
- √ Staff skilled to deliver outcomes to the community
- √ Staff have a holistic approach to service delivery and are willing to work with other services to assist the community.
- √ Staff aware of other services and what they are able to do.

- X Narrow definitions of service delivery.
- X Targets and time restraints and limited resources

3.1.3 *Organisations*

- √ Organisations are committed to providing holistic services to the local community
- √ Commitment of leadership to relationship between organizations.
- √ Organisations recognise the need to help community through quality service provision.

- X Difficulties in employing staff who can work to a “common purpose” with another organisation
- X Managing limited resources and expertise
- X Balancing the connection between systemic directions on common purposes and the local common purposes of organisations.

3.1.4 *Systemic perspective*

- √ Sectors promote a holistic approach to address complex community problems.
- √ Resources are made available to community organisations for developing and continuing local partnerships
- √ Support by health and legal sector for integrated model.

- X Limited funding for positions which seek to define, develop and maintain common purpose between local organisations.
- X Systemic definitions of partnerships that do not include the specifics of local needs

3.2 *It increases the community's access to services and support to meet complex and interconnected needs*

3.2.1 Community and clients

- √ Collocation facilitates physical access to support and services.
- √ Collocation facilitates access for those in the community who are service 'wary' or referral 'fatigued'
- √ Community members are more likely to present at the organisations for assistance due to collocation

- X The community's lack of awareness of collocated services and their right to access these.
- X Referral fatigue, too many knock backs and service wariness.
- X Negative community experiences

3.2.2 Service Delivery and Staff

- √ Ability to access a variety of professional advice and knowledge quickly and easily.
- √ Ability to facilitate referrals and support community to access other services because it is timely and responsive
- √ Staff having greater opportunities (formal and informal) to know each other and identify opportunities to work together.

- X Staff lack of awareness of other service, what they do and how they do it.
- X Lack of formalized opportunities to know each other
- X Cold referral practice.

3.2.3 Organisations

- √ Access to a greater range of resources and skills through collocation
- √ Greater opportunities (informal and formal) to know what is going on in other fields of practice.

- X Pressures on organization to meet funding agreements and targets of sector
- X Lack of formal referral and assessment structures to increase access to services for the community.

3.2.4 Systems

- √ Recognition of the benefits of collocating services and improving access to a range of community supports to meet complex need.

- X Funding model allows little time for professionals to do more than delivery individualised service
- X Limited resources and opportunities provided by funding bodies to improve service access within local services and across sector divides.
- X Limited sector support to the development of holistic access agendas

3.3 *It assists with identifying complex and interconnected needs and developing responses*

3.3.1 Community and clients

- √ Community and community members identify link between problems and are engaged with problem solving
- √ Community and community members are able to identify the relevance of a service to their problem
- √ Clients and the community feel confident to bring up problem and ask for help
- X Community members do not know who to ask for help
- X Community members feel they do not have the right to ask for help
- X Service system informs community members who to ask for help

3.3.2 Service delivery and worker perspective

- √ The responsiveness of staff.
- √ The ability of staff to identify the holistic nature of problems and how it impacts on their work.
- √ Flexible work roles which allowed staff to identify problems holistically and to assist with the resolution of these problems.
- X Lack of formal referral processes to identify needs and supports.
- X The lack of assessment tools to identify legal or health and welfare needs.
- X Time restraints and heavy demands on services.
- X Worker focus, training and perspective.

3.3.3 Organisations

- √ Supports responsive and flexible work approaches.
- √ Provision of training and information to staff to assist them to identify problems and solutions holistically.
- √ Resources to increase and support capacity of staff and organisations to work together and identify common problems and solutions.
- √ Recruitment of staff members who are skilled and able to lead integrated practice.
- X No referral policies or protocols established between organisations.
- X Lack of inclusion of partner organisations in practice changes

3.3.4 Systems

- √ System agenda which promotes holistic approaches to problem solving and whole of government approaches.
- √ Systemic supports to assist organisations and staff to develop holistic referral and assessment processes and develop partnerships.
- X Limited support for organisations to think outside sector divides to identify complex problems and develop integrated solutions.

3.4 Shares common values and understandings

3.4.1 Community and clients

- √ A service or organization provides good outcomes and meets needs
- √ Organisations are community friendly
- √ Community feels respected by the organisations
- √ Transfer of trust between services

- X Community are not able to engage with supports.
- X Community have negative experiences with a service or organisation

3.4.2 Service Delivery and staff

- √ Services provide good outcomes and meet the needs of the community.
- √ Staff know each other and are responsive to each other's needs and want to help each other
- √ Support of other service by leadership and organization

- X Community problems are not addressed because staff and services are not responsive to needs of community or other staff.
- X Staff not communicating with each other
- X Not knowing or having a relationship with other staff and organizations.

3.4.3 Organisations:

- √ Investment of time and resources into each organisation.
- √ Inclusion of services in organisational knowledge, practices and changes.

- X Lack of communication between organisations
- X Competing interests

3.4.4 Systems

- √ Support of ongoing relationship at a funding level.

- X Limited resources to develop partnership.
- X The silo focus of funding bodies

3.5 It engages the community in problem solving and solutions.

3.5.1 Community

- √ Community has an established and respectful relationship with staff or an organisation
- √ Community is able to identify solutions to problems.

- X Community members distrust of services and systems
- X Conflict and the resolution of conflicts

3.5.2 Service Delivery and Staff

- √ Opportunities for staff and programs to identify common community problems, share resources and work towards solutions to common community problems.
- X Skills of staff to identify community needs and find solutions.
- X Demands for service delivery and lack of funding for community work

3.5.3 Organisations

- √ Being able to link into the resources and skills of each others organization and their links with the community
- X Lack of resources to develop community prevention and education.
- X Lack of knowledge between organisations on their community work

3.5.4 Systems

- √ Sector acknowledgement of the value of preventative work in solving community problems.
- √ Resources provided to assist organizations to achieve this.
- X Sectors not identifying or resourcing the link between complex community problems, preventative and community participation solutions.

1. Introduction

1.1 *Background to the Research Project*

Recent international research into access to justice and legal needs has prompted a renewed focus on integrating the provision of legal, health and welfare services. In the United Kingdom, New Zealand, Canada and Australia, this socio-legal research has confirmed links between legal and health needs, particularly for people with chronic illness and disability. It has highlighted the prevalence of non-legal services as the first port of call for assistance with legal problems. The research has identified that clients often seek assistance about their legal problems from non legal service delivery agencies and that people often experience 'clusters' of problems.

These studies that establish the link between legal, health and social need suggest that a holistic approach to service delivery between legal, health and other community services could help to meet the needs of people and communities facing significant levels of social exclusion. Within the legal aid sector, those who have worked in integrated services are convinced of the benefits and can easily cite individual examples in support. However there is little empirical or qualitative material in Australia to support these observations or detail about the key features of this approach to legal service delivery.

This research project begins to address this deficiency in empirical data and assessment of actual practice by analyzing data collected on the work and practices of the West Heidelberg Community Legal Service (WHCLS) in 2009. Drawing on the practice of the WHCLS which is co located with Banyule Community Health (BCH), both quantitative and qualitative data is gathered about clients who present with multiple problems, what services are accessed, whether staff identify multiple issues, the effectiveness of the referral process and the facilitators and impediments to an integrated approach to legal service delivery.

Effective integrated service delivery is a dynamic process. The establishment of the WHCLS and BCH was, in its infancy, designed to meet the multiple and complex needs of a disadvantaged community. Today, the West Heidelberg area continues to face significant aspects of social exclusion and health inequalities. The purpose of this study is to identify when the West Heidelberg Community Legal Service, through its relationship with the Banyule Community Health Service provides an integrated legal service, the factors that facilitate this service delivery and those that impede it.

This study is concerned with identifying if, and when, WCHLS and BCH work together, in a formal and informal capacity, at a worker and organisational level, to best meet the needs of the community and people to whom they provide a service. "Integrated service delivery" is the term used in this study to identify when this occurs. The measure for this is ways in which the services work together to share resources, the referral practices between the two services, the use of secondary consultation and the sharing of worker knowledge (capacity building) to provide a holistic service to the community they serve.

1.2 Objectives of research project

- To gather both quantitative and qualitative data on the integrated (holistic) legal practice based at the West Heidelberg Community Legal Service and Banyule Community Health
- To assess what facilitates and impedes the provision of an integrated legal service to clients with multiple problems
- To identify key features of an integrated legal service delivery model that delivers appropriate and timely legal services to clients in an ethical and efficient manner

1.3 Contents of Report

This report has 8 sections and an executive summary. This first section details the background to the research project and provides a brief history of the relationship between WHCLS and BCH. It then draws on the literature review to discuss recent access to justice and legal needs research. The second section examines the definitional issues around integrated legal services drawing on literature from legal, health and welfare areas. It develops the framework for analysis of data collected in the research project. Section three details the methodology of the research. Sections four to seven detail the data collected and analyses it around the themes of Clients and the Local Community and Clients; Service Delivery, Work Practices and Staff; the Organisations; and the Systems respectively. In the final section, the key features of integrated legal services are identified. Additionally, drawing on the data collected, factors that facilitate and impede integrated practice are listed under the themes mentioned above.

1.4 History of WHCLS & BCH

In August 1972, Australia's Prime Minister announced the establishment of a Commission of Inquiry into Poverty. The Commission conducted its work through funded research projects and receipt of wide ranging submissions.¹ A network of social workers and welfare officers in the North Eastern region of Melbourne obtained funds to "Identify a 'District of Special Need'", detail the welfare services in the area and make recommendations accordingly.² The area under review was West Heidelberg, the site of the former 1956 Olympic Village which had become a public housing estate.

The project's report detailed the significant level of poverty in the area, the lack of a wide range of services including medical and dental, issues with substandard housing and poor facilities for education. The major recommendation of the report was the establishment of a Community Health and Welfare Centre. This centre was to have a range of preventive and diagnostic medical services and programs, stimulate community health welfare education programs, provide counselling and a location for community activities and groups and include "a Legal Aid Centre"³. The report recommended the provision of "a high standard, low cost, integrated health/welfare service in West Heidelberg. The need is URGENT [sic]"⁴.

¹ For a review of the legacy of the Poverty Inquiry see Fincher R and J.Niwenhuysen (eds) (1998) *Australian Poverty: then and now* Melbourne University Press.

² Morgan, M. (1976). *Commission of Inquiry into Poverty. A Study of the Heidelberg (Victoria) Community*. Canberra, Australian Government Commission of Inquiry into Poverty xi-xii.

³ Ibid.22

⁴ Ibid. 76.

The West Heidelberg Community Health and Welfare Centre was the first centre established under the Commonwealth Community Health Plan. It opened its doors in 1975. The Centre was until recently housed in two double storey blocks of former public housing flats (eight flats in total) which were joined by a reception and community meeting area. A new building opened in October 2006.



Figure 1. Turkish Team raising their flag in the Olympic village Melbourne 22 November 1956 [National Library collection] *This building became the West Heidelberg Community Health & Welfare Centre*

Initially free legal services were provided at the Centre on a voluntary basis by a local solicitor (John Cain, who went on to become a Premier of Victoria 1982-1990). In 1978 La Trobe University (located five minutes drive from West Heidelberg) employed a solicitor as a lecturer, to establish a community legal service at West Heidelberg and this was formalised in the incorporation of the West Heidelberg Community Legal Service Cooperative Limited (WHCLS).⁵ The relationship with the University continues and students have been involved in the work of WHCLS as part of various clinical legal education programs during that time.⁶

Recent research suggests the West Heidelberg area continues to be an area of significant social disadvantage. A report in 2004, measuring social disadvantage in Victoria and NSW (through a number of social indicators including unemployment, low birth-weight, child maltreatment, childhood injuries, education, psychiatric admissions, crime, income, dire shortage of income, mortality, sickness and disability support, imprisonment, early school leaving and disconnecting the domestic electricity supply) ranked the West Heidelberg postcode area in the top 30 most

⁵ Neal, D. (1978). "The New Lawyer Bloke" *Legal Services Bulletin* 3(148); Noone, M. A. (1997). *Australian Community Legal Centres - The University Connection Educating for Justice: Social Values and Legal Education*, J. Cooper and L. Trubek (eds), Dartmouth.

⁶ Dickson, J. (2000). "Clinical Legal Education in the 21st Century: Still Educating for Service?" 1 *International Journal of Clinical Legal Education* 33.

disadvantaged communities in Victoria.⁷ The 2006 Australian Bureau of Statistics Census statistics on West Heidelberg reported: the median weekly individual income for persons aged 15 years and over who were usual residents was \$295, compared with \$466 in Australia; the median weekly household income was \$577, compared with \$1,027 in Australia; the median weekly family income was \$661, compared with \$1,171 in Australia; one third of households were reported to be single parent households (36.6%); nearly half of dwellings were rented (49.6%), 20.3% were rented from a real estate agent, 69.1% were rented from a State or Territory housing authority and 9.5% were rented from other landlord type, in comparison in Australia 50.5% were rented from a real estate agent and 14.9% from a state or territory housing authority.⁸

In 2006, a Neighbourhood Renewal project began in West Heidelberg. Neighbourhood Renewal is a Victorian Government initiative aimed at addressing social, political and economic exclusion in 'sites' that are disadvantaged compared to the rest of Victoria.⁹

From the outset in 1978, the WHCLS and BCH (formerly called the West Heidelberg Community Health and Welfare Centre) aimed to offer integrated services. "They all came in the one door" was how an employee of 24 years describes the approach of the services and this expression captures several key aspects. It refers to the welcoming entrance used by clients of both the legal and health service, but it also refers to the fact that the staff used the same entrance as well as the general community who used the public telephone and toilets in the building. This physical layout was thought by the employee to have a significant impact on the way the community interacted with the service and staff with the community and each other.¹⁰

The founding solicitor of the West Heidelberg Community Legal Service, reflecting in 1982 on his experience, said:

"The legal service that we set up was run in the Community Health and Welfare Service and this was a superb location. It is just very good to have a legal service in a community welfare centre. We could look at people's problems in toto. There were psychiatrists, doctors, youth workers, social workers, a community nurse, a lawyer, an educationist and you name it. All the caring professions worked there. So for example there was someone who consulted the doctor because of sleeplessness and worry about her kids at school. It turned out that they were playing up because their dad had left home. So they then involved the youth worker. Then it emerges that she had financial problems because dad had left home. That then involved the credit counsellor and it involved the lawyer to get the maintenance payments. It turned out too that the kids had really deep psychological problems because of the conflict

⁷ Vinson, T. (2004). *Community adversity and resilience: the distribution of social disadvantage in Victoria and New South Wales and the mediating role of social cohesion*, Jesuit Social Services. Also see, Vinson, T. (2007). *Dropping off the edge: The distribution of disadvantage in Australia*. Melbourne, Catholic Social Services Australia & Jesuit Social Services.

⁸ Australian Bureau of Statistics (2007). "2006 Census Quick Stats: Heidelberg West." Retrieved 8 June 2010, last updated 2008, from <http://www.censusdata.abs.gov.au/ABSNavigation/prenav/LocationSearch?collection=Census&period=2006&areacode=SSC21337&producttype=QuickStats&breadcrumb=PL&action=401>.

⁹ Department of Human Services (2006). *Neighbourhood Renewal - Creating a Fairer Victoria - Health and Wellbeing guidelines*. Department of Human Services. Melbourne, Victorian Government.

¹⁰ Interview Gary Sullivan Supervising Solicitor 3 Feb.2006 quoted in Noone, M. A. (2007) "They all come in one door" The transformative potential of an integrated service model; A study of the West Heidelberg Community Legal Service' *Transforming Lives: Law and Social Process*. P. Pleasence, A. Buck and N. Balmer. London, The Stationery Office.

between their parents. So then the psychologist was involved. We were able really to look at the total problems affecting that family.”¹¹

This view of the way the services operate continues, and has been reflected regularly in the Annual Reports of both organisations. For example in the 1988 Annual Report of WHCLS:

“HOW WE OPERATE

To achieve our objectives, the Legal Service works with the staff in the Community Centre to provide a multi-disciplinary approach to problems facing residents. Lawyers and Community Centre staff work jointly on individual problems to resolve the legal problem as well as the underlying cause that created the legal problem. This close working relationship enables referrals to be made instantly and sensitively. Examples of the multidisciplinary approach include lawyers working with the Financial Counsellor on debt matters or with the Social Workers or Community Workers on social security and domestic violence issues.

Many people who contact the Legal Service are unsure whether their problem is a legal one and a major proportion of staff time is spent with people at this initial stage.....

The process of clarifying the actual problem, identifying courses of action for the individual to choose from and other agencies for the person to contact for assistance takes up a lot of staff time. Many who contact the Legal Service are upset or distressed and do not know exactly what their problem is or where they should go for help.”¹²

And the 1994 report:

Legal Service staff regularly attend the Community Health Centre staff meetings to ensure that information on areas of common interest and concern are shared promptly, and legal advice is always available to Community Health Centre staff. A Board of Management member and a member of staff of the Community Health centre are elected on to the Legal Service Committee of Management on a rotating basis, and there is regular contact between the Community Health Centre Board of Management and the Legal Service Committee of Management. This close association ensures that a multi-disciplinary approach is maintained.¹³

It seems to be a given these days that integrated services are a desirable approach and it is expected that such a service will be beneficial. Certainly on a local and individual basis, staff at West Heidelberg can provide numerous examples of how the provision of a range of services including legal have helped prevent an individual from going to jail, or a mother losing her child to the state, a young person from reoffending or assisted a group of newly arrived immigrants from the Horn of Africa. However, the data to substantiate these claims is not readily available. This research project gathers empirical and qualitative data on how WHCLS actually works.

WHCLS continues to be co-located within BCH in West Heidelberg. It remains a small organisation, currently employing one principal solicitor who provides legal casework and advice, a director, a part time project officer and two part-time legal secretaries. WHCLS has a Committee of Management, which includes a representative of BCH and La Trobe University. The *WHCLS Annual Report 2007-2008* states the service “gives priority to persons on low incomes who are marginalised or have difficulty navigating the legal system” and who are within their

¹¹ Neal, D. (1978). "The New Lawyer Bloke", 3 *Legal Services Bulletin* 148.

¹² West Heidelberg Community Legal Service, *Annual Report 1988*, 3-4.

¹³ West Heidelberg Community Legal Service, *Annual Report 1994*, 10.

“catchment area in order to encourage referral options and improved client outcomes.”¹⁴

In partnership with the Law School at La Trobe University it continues to offer a Clinical Legal Education program where 12 students per semester work under the supervision of a La Trobe University academic who is also a legal practitioner.

The service is a member of the National Association of Community Legal Services which represents independent “community based organisations “with a “focus on the disadvantaged and those with special needs” and “community involvement”.¹⁵

BCH is now one of a hundred services operating in Victoria, and its catchment is the local government area of Banyule, in which West Heidelberg is located. BCH's mission is to ‘provide integrated quality health and community services that are accessible and responsive to the needs of our communities.’¹⁶ It employs over 140 staff, and its service delivery structure is imbedded in the primary health care system providing a range of medical, dental, allied health and community services.¹⁷

An overwhelming number of its clients (90%) attend for an allied health, dental and/or medical service (10% attend for counselling/casework services). In addition to direct service delivery, BCH runs several community groups focusing on health support and community participation including the Heidelberg West Neighbourhood Renewal project.¹⁸ WHCLS is listed as a co located service on the BCH website and staff at WHCLS have access to the BCH email and intranet service.

1.5 Access to Justice and Legal Needs Research

As mentioned above, socio-legal research in the United Kingdom, New Zealand, Netherlands, Northern Ireland, Canada, Australia and Japan reveals that justiciable events (problems for which there is a potential legal remedy) are part of everyday life for a significant section of the population.¹⁹ . This

¹⁴ West Heidelberg Community Legal Service, *Annual Report (2007-2008)*, 16.

¹⁵ National Association of Community Legal Centres (2008). *Why Community Legal Centres are Good Value*. Sydney, 3

¹⁶ Banyule Community Health (2008). *2008 Quality of Care & Annual Report*. Melbourne, Banyule Community Health Service; 1

¹⁷ The *Primary Health Care in Victoria: A Discussion Paper* adapts the World Health Organisation's definition of primary health care to describe primary health care in Victoria.

Primary health care is integral to the Victorian health system. Community-based, it seeks to protect, promote and develop the health of defined communities; and by addressing and managing individual and population health problems at an early stage reduces the need for more complex care. At the other end of the health care continuum, primary health care services can support rehabilitation and care at home. Primary health care in Victoria should be provided by a range of suitably trained health practitioners, working collaboratively and in partnership with other sectors, to provide timely, appropriate, integrated and person centred services and population health actions (p 16)

Department of Human Services Vic (2009). *Primary Health Care in Victoria: A Discussion Paper*. Victorian Government. Melbourne, 16

¹⁸ Banyule Community Health (2008). *2008 Quality of Care & Annual Report*. Melbourne, Banyule Community Health Service,

¹⁹ Coumarelos, C., W. Zhigang, et al. (2006). Justice Made to Measure: NSW legal Needs Survey in Disadvantaged Areas. *Access to Justice and Legal Needs*, Sydney, Law and Justice Foundation of NSW. 3. and Currie, A. (2007). The legal problems of everyday life. *International Legal Aid Group Conference Legal Aid: A new beginning?* Antwerp, Belgium Uni of Strathclyde.

body of research confirms the day to day experience of many workers in the legal, health and welfare areas. People often experience problems in clusters, there can be a 'trigger' event that causes a cascading of events that leads to further problems, most people do not seek or receive legal advice and individuals suffer from 'referral fatigue'.

1.5.1 Level of legal need and social exclusion

Research seeking to measure unmet legal need in the 1970s and 1980s was subject to substantial criticism including that the approach limited assessing legal need to problems that respondents identified as legal and for which people seek advice from a lawyer.²⁰ In response, more recent research, pioneered by Genn in 1999 shifted the focus of survey work to assessing legal need as 'problems that are legal in nature but for which a legal service is only one and perhaps not the best remedy for resolving it'²¹. Genn coined the term 'a justiciable event', defined as a matter experienced by a respondent which raised legal issues, whether or not it was recognised by the respondent as being 'legal' and whether or not any action taken by the respondent to deal with the event involved the use of any part of the civil justice system.²²

The United Kingdom's Legal Services Research Centre (LSRC) continued Genn's approach and surveyed over 5000 adults' experiences of justiciable events in 2001 and 2004.²³ This and similar research in Canada, Netherlands, New Zealand and Australia reveals that justiciable events are part of everyday life for between one-third to one-half of the population. The events range across 'children, clinical negligence, consumer problems, mental health problems, discrimination, divorce, domestic violence, money or debt problems, rented housing, relationship background, owned housing, neighbours, unfair police treatment and welfare benefits'.²⁴ In the UK, the research has been funded to gain a greater understanding of legal need or 'justiciable problems' of everyday life, and in particular those that impact on social exclusion.

The research found that people with a long-term illness or disability, lone parents, people unemployed or on a low income, and people living in temporary accommodation are most likely to experience justiciable events. The researchers conclude that 'justiciable problems appear to be an integral aspect of patterns of disadvantage, alternatively described as social exclusion'.²⁵

These studies identified:

²⁰ Curran L. & Noone M A, (2008) 'Access to justice: a new approach using human rights standards' 15(3) *International Journal of the Legal Profession*, p195 – 229.

²¹ Currie, above n. 19

²² Genn, H. (1999). *Paths to justice: what people do and think about going to law* Hart Publishing Oxford. 12.

²³ The LSRC continues to conduct surveys on a regular basis. For further detail see: <http://www.lsrc.org.uk/csjs.html> accessed 27/1/10.

²⁴ Pleasence, P., N. Balmer, et al. (2006). *Causes of Action: Civil Law and Social Justice* 2nd Edition. Norwich, Legal Services Research Centre; 4.

²⁵ Ibid ; and Currie, above n.19

how different characteristics of disadvantage, such as low income and long-term illness and disability are frequently experienced together and are frequently exacerbated by the experience of civil justice problems.²⁶

Similar, although smaller, research has been conducted in NSW through the Law and Justice Foundation of NSW. This study focused on “disadvantaged groups” which the research suggests are “particularly vulnerable to legal problems”.²⁷ A telephone survey was conducted with over 2000 residents in five areas of disadvantage. This study also identified “civil, criminal and family legal needs were common in the disadvantaged communities surveyed, affecting many aspects of everyday life and relating broadly to social and physical well being”.²⁸ An Australian national survey has been conducted and the report is due in 2010.²⁹

1.5.2 Connection to health

Health consequences have been identified for those that do not obtain appropriate and timely legal assistance with their justiciable event. The LSRC firmly posits there is a significant association between an individual’s experience of justiciable problems and their health status.³⁰ Experiencing justiciable events leads to stress, anxiety and deterioration in physical or mental health problems.³¹ Both the LSRC and NSW research found that people with a chronic illness or disability were particularly exposed and more likely to experience a wide range of legal problems.³²

The LSRC survey results indicate 16% of civil justice problems, like accidents, domestic violence, relationship breakdown, and poor quality housing lead to physical ill-health and 27% lead to stress-related illness.³³ Significantly, Moorhead’s research also found that accessing assistance to resolve problems, even if the problem was not resolved in the respondents favour, led to a reported reduction in stress levels and associated health problems.³⁴

²⁶ Buck, A., N. Balmer, et al. (2005). "Social Exclusion and Civil Law: Experience of Civil justice Problems among Vulnerable Groups." 39 (3) *Social Policy and Administration* 302.

²⁷ Coumarelos, C., W. Zhigang, et al. (2006). Justice Made to Measure: NSW legal Needs Survey in Disadvantaged Areas. *Access to Justice and Legal Needs*. Sydney, Law and Justice Foundation of NSW. xvii.

²⁸ Ibid. xxiv.

²⁹ A national legal needs project is currently being undertaken by National Legal Aid and the NSW Law and Justice Foundation.

³⁰ Pleasance, P., N. Balmer, et al. (2008). Civil Justice in England and Wales: Report of the 2007 English and Welsh Civil and Social Justice Survey. London, Legal Services Research Centre piii; Pleasance, P., A. Buck, et al. (2004). Causes of Action: Civil Law and Social Justice. UK, Legal Services Commission; 554; Pleasance, P., N. Balmer, et al. (2008). "The Health Cost of Civil-Law Problems: Further Evidence of Links Between Civil-Law Problems and Morbidity, and the Consequential Use of Health Services." 5 (2) *Journal of Empirical Legal Studies* 351.

³¹ Moorhead, R., M. Robinson, et al. (2006). A trouble shared - legal problems clusters in solicitors and advice agencies. *DCA Research Series 8/06*. London, Department for Constitutional Affairs.

³² O' Grady, A., P. Pleasance, et al. (2004). "Disability, social exclusion and the consequential experience of justiciable problems." 19(3) *Disability & Society* 259: Coumarelos et al above n 19, 3.

³³ Pleasance, P., A. Buck, et al. (2004). Causes of Action: Civil Law and Social Justice. UK, Legal Services Commission.

³⁴ Moorhead et al above n. 31

1.5.3 Clusters of problems and response required

Individuals experiencing one justiciable event have an increased likelihood of experiencing further events. The survey results suggest that events often come in clusters and there can be a ‘trigger’ event that causes a cascading of events that leads to further problems.³⁵ Moorhead was sceptical of the LSRC data, and conducted qualitative research that observed client interviews with a range of legal advice providers. The Moorhead and Robinson (2006) study concluded a “client’s problems are often multi-faceted; legal and non-legal; and complex and interrelated and do not simply draw on narrow legal techniques for problem solving”³⁶. The strongest clusters of problems in this study were found to be: rented housing, benefit and debt; relationship breakdown, children, home ownership and domestic violence; discrimination and employment.³⁷ The authors state:

It is important to understand the intersectionality of legal (and non-legal) needs that arise when clients have multiple problems.³⁸

This study established that when problem clusters exist ‘most problems interrelate and would benefit from a degree of co-ordinated management’. It highlighted that particularly vulnerable clients may benefit most from this because they tended to experience “very complex clusters” of problems.³⁹ It also identified that clients who were given information or advice and ‘empowered’ to act on this themselves were often unable to effectively solve their problems - ‘too often clients who could not cope alone were asked to.’⁴⁰ This indicates that clients with multiple problems often need a more holistic service approach to effectively meet their intersecting legal and non-legal need and that ‘resolution to an individual’s legal needs may often require the engagement of multiple funding streams outside of legal needs.’⁴¹

Moorhead’s research reinforced the LSRC findings. He firmly concluded clients’ problems are often multi-faceted, legal and non-legal, complex, interrelated and require more than simple narrow legal techniques for problem solving. In particular he recommended that disadvantaged clients would benefit from a degree of coordinated management because they tend to experience ‘very complex clusters’ of problems.⁴²

The NSW Law and Justice Foundation study also suggests that “(G)iven the overlap of legal needs with other basic needs associated with physical and social well-being, a complete solution may not only require legal advice or assistance, but also broader non-legal support services, such as support through housing, financial counselling, social, welfare, family or health services”.⁴³

³⁵ Pleasance above n.33 ; Coumarelos above n 27; Moorhead above n.31.

³⁶ Moorhead above n.31, 1.

³⁷ Ibid. 33.

³⁸ Ibid. 13.

³⁹ Ibid. 89.

⁴⁰ Ibid. 94.

⁴¹ Ibid. 96.

⁴² Ibid.

⁴³ Coumarelos above n.27, 216.

1.5.4 Advice Seeking Behaviour

Most people do not seek or receive legal advice about their justiciable event. An individual's advice seeking behaviour impacts on how and if legal problems are resolved. Of those people that seek assistance with their justiciable event, most seek this assistance from non-legal sources.⁴⁴

The Law and Justice Foundation, A2JLN studies revealed that

When people face legal problems, most do not go directly to a lawyer for assistance. Rather, some people do nothing, some deal with the issue themselves and some seek advice and assistance from non-legal sources and services.⁴⁵

The A2JLN studies showed that help was sought in only 51% of legal events reported. Of those events in which people sought help, only 12% sought assistance from lawyers, while non-legal services were approached for 56% of events.⁴⁶ Non-legal services were often the first point of contact for people with legal needs and people often sought assistance from services with which they were in contact. There were many good reasons for this including "familiarity with the service, convenience and not knowing where else to go".⁴⁷ However the study recognises that "without appropriate resources, and knowledge of and support from legal services, it can be difficult for non-legal services and workers to provide appropriate assistance to clients with legal problems."⁴⁸

This Australian study suggests that "to assist disadvantaged people to receive more appropriate and timely legal assistance.....particularly (clients with) complex and interrelated legal and non-legal needs, a case managed, holistic or 'co-ordinated response' was needed. This may involve a team of legal and non-legal services (a) 'service hub' or 'one-stop-shop' where service are located near one another to improve client convenience and facilitate better referrals and coordination between the services'.⁴⁹

Such ideas are similar to those informing the establishment of legal service clinics for people experiencing homelessness.⁵⁰ These clinics took legal services to the places where homeless people gravitated, as it was recognised that services need to access those disadvantaged communities and people, like those experiencing homelessness, who were often not empowered to adequately navigate service systems on their own⁵¹. In *No Home, No justice* a study into the legal need of people experiencing homelessness, it is concluded that

⁴⁴ O' Grady above n.32; Coumarelos above n.27; Clarke, S. and S. Forell (2007). Pathways to justice: the role of non-legal services. *Justice Issues*. Sydney, Law and Justice Foundation of NSW.

⁴⁵ Clarke above n.44, 1

⁴⁶ Ibid. 2.

⁴⁷ Ibid. 10.

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Curran, L. (2007). *Ensuring justice and Enhancing Human Rights: A report on improving Legal Aid Service Delivery to Reach Vulnerable and Disadvantage People*. Melbourne, La Trobe University, 59 -60.

⁵¹ Lynch, P. (2005). "Homelessness, Human Rights and Social Exclusion." *Alternative Law Journal* **30**(3): 114 – 118.

legal service provision ...need(s) to be accessible to people from the places that they frequent, to have the time and skills to assess the total legal needs of the clients and to be part of a coordinated response to those needs.⁵²

Such studies support an integrated legal service delivery approach for particularly disadvantaged groups as a means of providing not only a “no wrong door” approach to legal service and advice for disadvantaged peoples, but also to establish a variety of “doors” for access. This occurs through establishing relationships with non-legal community services.

The need for this is further supported by evidence from the Moorhead and Robinson study that ‘signposting’ clients to other services, particularly vulnerable people with complex needs, meant they were often left to deal with problems and service systems without adequate know-how or resources.⁵³ Moorhead and Robinson identified that an “adviser’s own skill and expertise seemed the strongest indicator of how clients would be dealt with”⁵⁴ Often, when a problem was deemed outside an adviser’s specialization, clients were ‘signposted’ (at best) to other services and left to self-deal with problems, often unsuccessfully, particularly in the case of complex problems.

The NSW study also showed that ‘people rarely seek assistance from more than one source for each legal issue’, providing good argument to ensure that the ‘door’ that is approached is adequately resourced to assist in an appropriate and timely manner.⁵⁵

Similarly, studies looking into the effect of placing welfare rights advisers in GP practices in the UK, showed that such initiatives provided, often disadvantaged groups of people, with better access to their welfare rights.⁵⁶ Harding et al, (2002) argue “the provision of specialist welfare benefits advice significantly improves the service available to patients.”⁵⁷

As low income and poverty are recognised as key determinants of health⁵⁸, these studies argue that

if new primary care organisations are to promote health and address health inequalities then a narrow concern with the presenting medical problems is not sufficient. In offering a welfare advice services, they ... (address) the wider health needs of their community which are fundamentally shaped by social and economic environmental factors.⁵⁹

1.6 Related policy strategies

The reaction in the access to justice sector to the legal needs research has prompted renewed discussion about how and where best to provide appropriate and timely legal services to those seeking assistance. This parallels developments in other

⁵² Forell, S., E. McCarron, et al. (2005). No Home, No Justice The Legal Needs of Homeless People in NSW. Sydney, Law and Justice Foundation NSW, 267.

⁵³ Moorhead above n 31, 78.

⁵⁴ Ibid. p56.

⁵⁵ Clarke above n.44.

⁵⁶ Greasley, P. and N. Small (2005). "Providing welfare advice in general practice: referrals, issues and outcomes." 13(3) *Health and Social Care in the Community* 249; Harding, R., L. Sherr, et al. (2002). "Evaluation of welfare rights advice in primary care: the general practice perspective." 10(6) *Health And Social Care in the community* 417

⁵⁷ Harding above n.56.

⁵⁸ Ibid. p417.

⁵⁹ Greasley above n.56.

sectors like health and welfare that are also concerned about social exclusion and optimal service provision⁶⁰ At a direct service and community program level, 'joined-up' government policies feed strategies that promote integrated service delivery, collaborative service practice and partnerships that cross sectoral boundaries

In the last decade in the UK, attention has been paid at a policy and research level, into the aspects of "social exclusion" and the necessary conditions to encourage "social inclusion".⁶¹ Combating elements of social exclusion has been a major impetus for the establishment of the Legal Service Research Centre (LSRC) with the objective of developing "a detail(ed) understanding of people's experience of (justiciable) problems and of advice-seeking behaviour in order to provide a broad empirical base for civil justice policy-making".⁶² Buck et al argue that "in order to develop successful policies it is vital to understand the causes and manifestations of social exclusion".⁶³

The Social Exclusion Unit in the UK define social exclusion as
a short hand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown.⁶⁴

The European Union identifies:

a wide variety of factors and policies ... need to be employed in order to tackle social exclusion such as housing, education, health, information and communications, mobility, leisure and culture, security and justice.⁶⁵

As the elements that create social exclusion are seen to be multiple and intersecting, approaches to address it include policies aimed at crossing government departments and professional disciplines. This is described as "joined-up" or "whole of government" approaches.

The current Australian Federal government acknowledges social exclusion as a national issue and a recent report on social inclusion listed the following preferred policy approaches:

- enhancing the ability of services to address the multiple disadvantages that many of the socially excluded experience ("joined-up" services for "joined-up" problems) and
- local co-ordination across government and non-government to achieve an integrated approach to social inclusion.⁶⁶

⁶⁰ Tieman, J., G. Mitchell, et al. (2007). "Integration, Coordination and Multidisciplinary Care: What can these Approaches Offer to Australian Primary Health Care." 13(2) *Australian Journal for Primary Health* 56; Swerissen, H. (2008). "Hints for Reforming Primary and Community Care in Australia." 14(3) *Australian Journal for Primary Health* 68; Biuso, C. and B. Newton (2008). "Supporting Quality Care in General Practice: The Collaboratives Approach." 14(2) *Australian Journal for Primary Health* 46.

⁶¹ Curran above n.50.

⁶² Buck, A., N. Balmer, et al. (2005). "Social Exclusion and Civil Law: Experience of Civil justice Problems among Vulnerable Groups." 39(3) *Social Policy and Administration* 302.

⁶³ Ibid. 306.

⁶⁴ Ibid. 303.

⁶⁵ Ibid.

⁶⁶ Hayes, A., M. Grey, et al. (2008). *Social Inclusion. Origins, Concepts and Key Themes*. Canberra, Commonwealth of Australia. 16.

In a similar vein to the UK Government policy on addressing social exclusion, *A Fairer Victoria – Creating opportunity and addressing disadvantage* is the Victorian State Government's framework to address the "causes and consequences of disadvantage" within Victoria. Within this framework there is recognition that addressing disadvantage involves improving access to justice⁶⁷, helping disadvantage groups "access services and opportunities"⁶⁸ and localising service solutions⁶⁹.

Initiatives to institute "joined up" or "whole of government" policies, define their aim as ensuring government sectors work together, across boundaries, to address the causes of social exclusion, to reduce service gaps and better address needs, particularly for complex social problems.⁷⁰ These 'joined-up' government policies feed strategies that promote integrated service delivery, collaborative service practice and partnerships that cross sectoral boundaries. Such strategies aim to put into practice 'joined up' policy to provide 'holistic' or 'seamless' service delivery at the local and community level. They aim to be demand driven, to place a person's needs at the centre of service delivery, improve referral pathways and service access through service co-ordination.⁷¹

In Victoria, there have been a number of strategies that have aimed to address complex social problems through service integration, for example the Family Violence Reform⁷², Child First⁷³ and the Neighbourhood Renewal initiative.⁷⁴ The Primary Care Partnerships strategy has guided recent service and health promotion integration for community health services. This strategy supports "assisting providers to address the broad determinants of health and well being" and as such embraces a social model of health which is "concerned with addressing the environmental determinants of health and well being as well as biological and medical factors."⁷⁵ The World Health Organisation established that "poor social and economic circumstances affect health throughout life. People further down the social ladder usually run at least twice the risk of serious illness and premature death of those near the top"⁷⁶ The VicHealth document, *Burden of disease due to health inequalities*⁷⁷, states that unequal access to good housing, adequate income and healthy food lead to health inequalities and that low income and unemployment lead to social isolation and exclusion which effects health.. Adequate housing, access to health services,

⁶⁷ Victorian Government (2005). *A Fairer Victoria Creating Opportunity and Addressing Disadvantage*. Department of Premier and Cabinet. Melbourne, State of Victoria. 10.

⁶⁸ Ibid. 5.

⁶⁹ Ibid. 7.

⁷⁰ Scott, D. (2005). "Inter-organisational collaboration in family-centred practice: A framework for analysis and action." 58(2) *Australian Social Work* 132.

⁷¹ Saunders, P. (2008). "Social exclusion: challenges for research and implications for policy" 19(1) *Economic and Labour Relations Review* 73.

⁷² Department of Human Services (2006). *Guiding Integrated Family Violence Service Reform 2006-2009*. Melbourne, Government of Victoria.

⁷³ Department of Human Services (2007). *The Best Interests principles: a conceptual overview*. Melbourne, Victorian Government.

⁷⁴ Department of Human Services (2006). *Neighbourhood Renewal. Creating a Fairer Victoria. Participation and Partnership Framework 2005-2008*. Melbourne, Victorian Government

⁷⁵ Department of Human Services (2001). *Primary Care Partnerships: Better Access to Services - A Policy and Operational Framework*. Melbourne, Victorian Government, 10.

⁷⁶ Vinson, T. (2004). *Community adversity and resilience: the distribution of social disadvantage in Victoria and New South Wales and the mediating role of social cohesion*, Jesuit Social Services 25.

⁷⁷ VicHealth (2008). *Burden of disease due to health inequalities - Research Summary*. Melbourne.

education and income are issues that community legal services advocate and advise on as part of their everyday practice.⁷⁸

Within the Victorian justice portfolio, this policy approach has been implemented in several projects addressing complex social problems through service integration. The legal aid sector in Victoria is involved in reforms to better integrate the family violence system.⁷⁹ The Neighbourhood Justice Centre project is another initiative under *A Fairer Victoria* that provides an integrated, local approach to access to justice within the context of a magistrate's court. Through this facility, court services, legal aid, mental health, drug, housing, employment services, financial counselling, personal and material support services are provided for the local community with the City of Yarra.⁸⁰

However, despite, this and some similar therapeutic justice initiatives in the court system, there has been limited discussion in Australia of what 'joined-up' or integrated legal services for the poor and disadvantaged would entail.⁸¹ Little attention has been paid to the recent legal need research emphasising the need to view legal need within the broader context of people's everyday health and well-being and community legal services and legal aid services are largely absent from recent integrated health service initiatives in Victoria.

1.7 Conclusion

The established links between legal and health need, particularly for people with chronic illness and disability; the links between social exclusion and clusters of legal need; and the prevalence of non-legal services as first port of call for assistance with legal need provide good argument for integrating legal services with health and welfare services and for establishing good referral practices between legal services and non-legal community and health services. The NSW study suggests "that a coordinated response....between legal and non-legal services, is likely to be particularly useful for people with multiple problems, notable people with a chronic illness or disability."⁸² However, though co-ordination of legal and non-legal services (particularly for disadvantaged communities) seems a straightforward solution to complex problems, research shows that integrating services across sectors, government departments, organisational and professional boundaries is by no means a simple task.

⁷⁸ National Association of Community Legal Centres (2008). *Why Community Legal Centres are Good Value. National Association of Community Legal Centres.* Sydney.

⁷⁹ Statewide Steering Committee to Reduce Family Violence (2005). *Reforming the Family Violence System in Victoria.* Melbourne.

⁸⁰ Neighbourhood Justice Centre (2007). *The Neighbourhood Justice Centre - Community Justice in Action in Victoria.* Melbourne.

⁸¹ Curran above n.50.

⁸² Coumarelos above n 27.

2. Definitional Issues

Clearly there is a relationship between WHCLS and BCH. It is described as an integrated service and a long standing partnership. This research aims to identify the extent to which this partnership provides “integrated” practice, and what facilitates and impedes this practice. As a preliminary exercise the current literature and policy on integrated services was examined.

In this section the discussion of integrated services draws on recent government policy in health and welfare sectors, academic research on integrated services and multidisciplinary legal practices.

2.1 What are ‘Integrated services’?

The term ‘integrated service’ is not one that is normally associated with the provision of legal services. It is used more often within the health and welfare sector and is also increasingly being used in the context of the provision of government services¹. Huxham and Vangen (2000) describe this as a:

worldwide movement toward collaborative governance, collaborative public service provision and collaborative approaches to addressing social problems.²

Recent policy strategies and directions into integrated community services systems provide a range of definitions for integration and collaboration. Collaboration is sometimes seen as a definition for integration and at other times seen as a step towards integration. As Scott (2005) states

(i)n the literature on human service organisations and inter-organisational relations, collaboration means...the formal joining of structures and processes between organisations. It is part of a spectrum ranging from the informal to the formal, beginning with cooperation (as in informal information exchange), through coordination (as in the development of formal protocols) to collaboration and ultimately, integration, which involves the formation of new organisational structures.³

According to “interorganisation collaboration theory” organisations are willing to collaborate when they share similar social problems or clients, need expertise to respond to the changing environment and need a sharing of financial resources and risks.⁴

In Victoria, the VicHealth *Partnership Analysis Tool* identifies four levels of partnership: networking, coordinating, cooperating and collaborating. In this document collaboration involves: the exchange of information, altering activities and sharing resources and the willingness to increase the capacity of another

¹ Vincent, I. (1999) ‘Collaboration and Integrated Services in NSW Public Sector’ 50 (58) *Australian Journal of Public Administration* 3.

² Huxham, C. and S. Vangen (2005). *Managing to Collaborate: The theory and practice of collaborative advantage*. Oxon, Routledge 3.

³ Scott, D. (2005). ‘Inter-organisational collaboration in family-centred practice: A framework for analysis and action’ 58 (2) *Australian Social Work* 132.

⁴ Postmus, J.L. & S.A. Hahn (2007). ‘The Collaboration between Welfare and Advocacy Organizations: Learning from the Experiences of Domestic Violence Survivors’ 88 (3) *Families in Society: The Journal of Contemporary Social Services* 475 at 477.

organization for mutual benefit and common purpose; significant amounts of time, high levels of trust and significant sharing of turf; and it may require complex organizational process and agreements.⁵

These same concepts are used by the Victorian Department of Human Services "Integrated Health Promotion strategy":

The role of partnerships – Integration intensifies from networking through to formalised collaborative partnerships ... The aim is to move towards the highest level of integration – collaboration. The entry point and progression along this continuum may vary (as demonstrated by the PCPs across Victoria) depending on background, leadership, capacity and prior development of the working relationships leading up to the strategy. The individual role of an agency or organisation may also fall on different parts of this continuum.⁶

The Victorian initiative to integrate the family violence service sector suggests that integration requires:

agencies to decide on and articulate, common goals and agree on ways to pursue those goals. Integration of services is more than co-ordinated service delivery -it is a whole new service. Collocation of agencies, agreed protocols and codes of practice, joint service delivery, agencies reconstituting or realigning their core business to confront the challenges posed by a broadened conception of the problem: these are the key indicators of an integrated response.⁷

A literature review conducted by the Department of Education and Early Childhood on Integrating Victoria's Children's Services uses the following definition of integration:

integrated services ... are 'characterised by a unified management system, pooled funds, common governance, whole systems approach to training, information and finance, single assessment and shared targets...Partners have a shared responsibility for achieving the service goals through joint commissioning, shared prioritisation, service planning and auditing. Joint commissioning can be one of the major levers for integration, service change and improving the delivery of children's services...Ultimately, joint commissioning may lead to the merger of one or more agencies, who give up their identities for a shared new identity.⁸

Central to concepts of service and system integration is defining and recognizing a common purpose, possibly even to the extent that this common purpose might redefine the organizations or their structures.

In such current policy initiatives, the purpose for integration of services, systems and organisations is to address complex social problems. The World Health Organisation defines an integrated approach to chronic disease management in the following way:

⁵ VicHealth (2005) *The Partnerships Analysis Tool* Melbourne, Victorian Health Promotion Foundation.

⁶ Department of Human Services (2003) *Integrated Health Promotion Resource Kit* Melbourne, Victorian Government Department of Human Services 3.

⁷ Statewide Steering Committee to Reduce Family Violence (2005) *Reforming the Family Violence System in Victoria*. Melbourne

⁸ Moore, T. (2008). *Evaluation of Victoria's Children's Centres - Victoria. Literature Review*, Department of Education and Early Childhood Development 3.

An integrated approach responds not only to the need of intervention on major common risk factors with the aim of reducing premature mortality and morbidity of chronic noncommunicable diseases, but also the need to integrate primary, secondary and tertiary prevention, health promotion, and related programmes across sectors and different disciplines.⁹

These initiatives identify the need to look holistically at client and community need and social problems. They often describe the need to be client or community focused rather than focused on the needs of the service system.

The Victorian Primary Care Partnership *Better Access to Services Framework* (2001) initiative states:

‘Improving the health and well being of consumers and maintaining people in the community is the reason health and community care services are funded... Service delivery needs to be driven by the needs of consumers and community rather than the needs of the system or those who practice in it...(the framework) will be most effectively achieved through collaborative and collegial partnerships... and (the strategy) aims to assist providers to address the broad determinants of health and well being and (by) applying a social model of health to service planning and provision’¹⁰

The framework lists a central focus on consumers, partnerships and collaboration as its fundamental principles.

2.2 Integrated Legal Services (Multi-disciplinary practices)

Within the context of legal services provision, multi-disciplinary practices are a form of integrated services.¹¹ The concept of lawyers working and sharing profits with non lawyers has generally been prohibited but in recent times the development of multi-disciplinary practices has been the subject of some debate within legal professional organisations both in Australia and internationally.¹² Although the focus of these debates has normally been private legal practices performing commercial and corporate work, the approach is one that resonates with a range of approaches to providing legal services to the poor and disadvantaged.¹³

Multidisciplinary legal practices, like the concept of integrated services, are underpinned by a recognition that:

clients’ problems are rarely purely legal in nature and that a more ‘holistic’ approach to problem-solving for clients may pay dividends rather than isolating the ‘legal’ problem from the rest. A ‘holistic’ approach acknowledges that clients may have a variety of needs, both legal and non-legal. Such an approach requires the use of a

⁹ World Health Organisation. (2010) *Integrated Chronic Disease and Control* at http://www.who.int/chp/about/integrated_cd/en/

¹⁰ Department of Human Services (2001). *Primary Care Partnerships: Better Access to Services - A Policy and Operational Framework*. Melbourne, Victorian Government.

¹¹ There has also recently been a recognition of the benefits of a holistic approach to legal problems in the court system. In Australia the concept of the problem solving court has developed in the areas of domestic violence, drug use and indigenous offenders.

¹² Law Council of Australia, (2001) *Policy Statement on Multidisciplinary Practices* Canberra; Dal Pont, G. (2010) *Lawyers’ Professional Responsibility* (4th edition) Sydney, Australia Thomson Lawbook Co 455 -458.

¹³ Trubek, L. and J. Farnham (2000) ‘Social Justice Collaboratives: Multidisciplinary Practices for People’ 7 *Clinical Law Review* 227.

multidisciplinary team with expertise drawn from a range of professions and specialities.¹⁴

The purpose of a holistic legal practice, therefore, is to marshal the combined resources of a network of professionals for the benefit of clients, as well as to further the public interest. The work they do is done by and through the relationships they establish with each other, with their clients, and with communities.¹⁵

In a range of North American non-for-profit organisations and law school clinics there is a growing recognition of the potential benefits to be gained in the adoption of a 'multi-disciplinary' approach to providing legal services to the poor and disadvantaged.¹⁶ The centrality of non-legal as well as legal needs are recognised and the practices emphasise the benefits of working closely with other professions, lay advocates and community agencies to meet a variety of needs and overcoming barriers of access¹⁷ Some practices are ad hoc for the benefit of a particular client or client group whilst others are more formal arrangements involving "matters as referrals, cross referrals, consulting services, and allocation of resources".¹⁸ In the longer term arrangements, the relationships are "characterised by frequent, ongoing interaction, commitment to the relationship and trust".¹⁹ . In North America, Trubek and Farnham have called these arrangements 'social justice collaboratives' and describe them as a new way of practicing that involves "nonlawyers as important actors in legal institutions while simultaneously facilitating lawyers' engagement with clients".²⁰

In the North American experience, the use of multi disciplinary practices to assist the poor has rarely existed outside of law school clinical legal educational settings. For instance in Canada this was illustrated at Osgoode Hall's Parkdale Community Legal Service program where community workers are part of the team with lawyers and law students that provides community education, development and organising.²¹ In the Australian and North American experience, many community legal centres, law school clinics or legal practices may have well established relationships with a number of external agencies but the concept of formal integration or collocation is still exceptional.

In the UK, the relationship between justiciable events, ill-health and disability and poverty has supported the development of common policy objectives for both public health and civil justice. Several Community Legal Service Partnerships and Health Action Zones have worked together to integrate aspects of service delivery.²² As low income and poverty are recognised as key determinants of health, it is argued that,

¹⁴ Norwood, J. M. and A. Paterson (2002-2003) 'Problem Solving in a Multidisciplinary Environment? Must Ethics get in the way of Holistic Services?' 9 *Clinical Law Review* 337.

¹⁵ Ibid 356.

¹⁶ Brustin, S. (2002) 'Legal Services provision through multidisciplinary practice-encouraging holistic advocacy while protecting ethical interests' 73 *University of Colorado Law Review* 787; Norwood & Paterson above n 15; Trubek & Farnham above n 14.

¹⁷ Trubek, & Farnham above n 14, 229.

¹⁸ Norwood & Paterson above n 15, 346.

¹⁹ Trubek & Farnham above n 14, 229.

²⁰ Ibid, p 257

²¹ Martin, D.(2001). *A Seamless Approach to Service Delivery in Legal Aid: Fulfilling a Promise or Maintaining a Myth*. Department of Justice Canada.

²² Pleasence, P., N. Balmer and A. Buck (2006) *Causes of Action: Civil Law and Social Justice* Legal Services Commission 175; Pleasence, P., N. Balmer and A.Buck (2008)

if new primary care organisations are to promote health and address health inequalities then a narrow concern with the presenting medical problems is not sufficient. In offering a welfare advice services, they ... [address] the wider health needs of their community which are fundamentally shaped by social and economic environmental factors.²³

Trials of placing welfare rights advisers in medical practices had the aim of ensuring people were receiving their maximum social security entitlements thus improving their income status.²⁴ These trials indicate that 15% of medical consultations involved welfare rights issues, 50% of practitioners felt the welfare rights issues were urgent and 71% reported elements of mental health in their most recent cases where welfare was at issue (e.g. anxiety or emotional turmoil).

The research concluded that there were benefits of co-located services for patients, advisers and doctors. Patients found consultations with general practitioners were often pressured, and that the provision of other services in a comfortable environment went some way to resolving anxieties and sorting out problems, either before the doctors were seen or after referral by the doctor. The trust and confidence that patients had in the doctors reduced their anxiety in presenting to welfare advice that was located on site. The quality of the skills of the advice workers was strongly valued as patients could receive help in filling out forms and advocacy for appeal cases. The researchers concluded that primary care was ill-placed to tackle poverty in its entirety, but that the provision of welfare advice in general practice medical surgeries had the capacity to contribute to welfare take-up and other problems such as unfair dismissal.²⁵

In the USA there is a 'thriving multidisciplinary law firm' based at the Paediatrics Department of the Boston Medical Center. The Family Advocacy Program (FAP) began in 1993 and has grown to include 'three lawyers versed in multiple practice areas including family, education and immigration law...a network of advocacy resources...[and] systemic reform efforts related to recurrent problems faced by patient-families'²⁶. The rationale behind the FAP was the recognition and frustration of the paediatricians that they could not address the underlying causes of poor health in children. For example, unsafe housing conditions leading to lead paint poisoning, asthma and injury, lack of

'The Health Cost of Civil-Law Problems: Further Evidence of Links Between Civil-Law Problems and Morbidity, and the Consequential Use of Health Services' 5(2) *Journal of Empirical Legal Studies* 351

²³ Greasley, P. and N. Small (2005) 'Providing welfare advice in general practice: referrals, issues and outcomes' 13(3) *Health And Social Care in the Community* 249, 258.

²⁴ Harding, R., L. Sherr, S. Singh, A. Sherr and R. Moorhead (2002) 'Evaluation of welfare rights advice in primary care: the general practice perspective' 10 (6) *Health And Social Care in the community* 417; Greasley, P. and N. Small (2005) 'Providing welfare advice in general practice: referrals, issues and outcomes' 13(3) *Health and Social Care in the Community* 249.

²⁵ Sherr, L., A. Sherr, R. Harding, R. Moorhead and S. Singh (2002) *A Stitch in Time – Accessing and Funding Welfare Rights through Health Service Primary Care* London Department of Primary Care and Population Sciences, Institute of Advanced Legal Studies, School Medicine University of London.

²⁶ Tames, P., P. Tremblay, et al (2002-2003) 'The Lawyer is In: Why some doctors are prescribing legal remedies for their patients, and how the legal profession can support this effort' 12 *Boston University Public Interest Law Journal* 505.

sustainable income affecting childhood nutrition, and poor access to educational and social services for children with special needs.²⁷

The successful elements of this integrated approach are said to be: weekly walk-in legal clinics at outpatient sites; FAP staff participation interdepartmental meetings; meaningful ongoing collaboration on individual family matters and systemic reform; addition of a medical director to the FAP team; the development of doctor-friendly advocacy materials and tools; and working as a team.²⁸ The FAP approach has recently been endorsed with the allocation of funds to replicate the program across the United States.²⁹

In Australia, one of the distinguishing features of early Australian community legal centres was their claim to provide a 'holistic' service. This derived from a recognition of the relationship between socio-economic and systemic factors and legal problems. The aim was to not only address the client's 'legal' problem but also other related issues. Thus, community legal centres valued working with non-legal health and welfare workers in the resolution of clients' issues.³⁰ As an example of this early approach, the first employee of the Redfern Legal Service (the first NSW community legal centre) was a social worker.³¹

2.3 Features of integrated services

The above definitions and examples of integrated services demonstrate there are many elements involved in an integrated service and system approach to complex, social problems. Current policy and research recognize that integration occurs at many levels including: "policy (or whole-of-government) level, regional planning level, and direct service delivery level".³² The Primary Care Partnerships initiative in Victoria, acknowledges partnerships occur between different levels of government, between community and government, between government and service providers, and between different providers.³³ Consequently, challenges to an integrated approach also occur at all these levels.³⁴

Research into effective collaboration between health zones in the UK established that "cross sectoral partnership is easier to establish within localities than across broader geographical areas".³⁵ However, there is recognition that while local initiatives often lead to collaboration between organisations due to a shared purpose,

²⁷ Zuckerman, B., M. Sandel, et al. (2004) 'Why Pediatricians Need Lawyers to Keep Children Healthy.' 114 (1) *Pediatrics* 224.; Tyler, E. T. (2008) 'Allies not Adversaries: Teaching Collaboration to the Next Generation of Doctors and Lawyers to Address Social Inequality' 11 *Journal of Health Care Law and Policy* 249.

²⁸ Tames, Tremblay, et al, above n 27.

²⁹ Tyler, above n 28 .

³⁰ Hanks, P., K. Lavendar and G. Powles, (1982) *Relationship between Legal Aid Agencies and Social Agencies* Research Report for Commonwealth Legal Aid Council. AGPS.

³¹ Noone, M.A. and S. Tomsen (2006). *Lawyers in Conflict: Australian Lawyers and Legal Aid*. Sydney, Federation Press 207.

³² Moore, T. (2008). *Evaluation of Victoria's Children's Centres: Literature Review*, Department of Education and Early Childhood Development.

³³ Department of Human Services (2001). *Primary Care Partnerships: Better Access to Services - A Policy and Operational Framework*. Melbourne, Victorian Government.

³⁴ Delaney, L. (2009) 'Primary Care Partnerships: More than just one relationship' 15 *Australian Journal of Primary Health* 221, 214.

³⁵ Pleasence, P., N. Balmer, et al above n 23, 368

they are often in competition with broader sector agendas as illustrated by the mismatch between domestic violence prevention work and the medical model.³⁶

The policy objectives of funding bodies have direct impact on service delivery. Scott (2005) writes that “strategies to conserve scarce organisational resources are expressed at the case level in several ways.”³⁷ Collaborative practice requires resources. Darlington et al (2005) in a study on collaboration between child protection and mental health services identified five common barriers to collaborative practice: inadequate resources, the confidentiality practices of workers, gaps in agency level processes, unrealistic expectations and workers protecting professional identities and working narrowly to theoretical constructs. Inadequate resources was “the issue endorsed most strongly by respondents as a barrier to collaboration”.³⁸ This demonstrates that funding bodies supportive of integrated service practice as a means to achieving broader policy objectives, must recognize the additional resource implications. Darlington writes “Effective interagency collaboration is a complex process that needs to be fully supported in policy development and resource allocation”.³⁹

Funding at a policy or sector level also needs to be matched by a commitment at an organisational level. Resources need to be allocated to the task of integration. Organisations need to be willing to share resources and to encourage the sharing of goals and visions and develop a high level of trust and mutual responsibility.⁴⁰ Walker (2007) writes ‘creating a truly shared purpose for the collaboration is essential’⁴¹. However, as Johnson et al (2003) write in their research into partnerships working in local health Care Trusts in the UK, “differences in political views and, therefore, in goals, fear of budgetary repercussions, differences in work cultures, and in competing demands on already overworked staff, all (work) against the development of the trust and stable working relationships needed to collaborate successfully”. This research “highlights the vital importance of integrated systems of goal setting, authority and multidisciplinary service delivery rather than a narrow focus on structural integration alone”.⁴² This is particularly important to note in a policy environment which focuses on structural integration. In such environments, integrated service practice relies on commitment to shared goals, communication and strong leadership.⁴³ It involves the investment of scarce resources and energy in

³⁶ See Fisher, C., L. Hunt, R. Adamsam and W.Thurston (2007) "Health's a difficult beast': The interrelationships between domestic violence, women's health and the health sector: An Australian case study' 65 (8) *Social_Science & Medicine* 1742; Wyles, P. (2007) 'Success with Wraparound: A collaborative, individualised, integrated and strength-based model' 28 (4) *Youth Studies Australia* 45.

³⁷ Scott, D. (2005) 'Inter-organisational collaboration in family-centred practice: A framework for analysis and action' 58 (2) *Australian Social Work* 132, 136.

³⁸ Darlington, Y., J. A. Feeney, and K. Rixon (2005) 'Interagency Collaboration between child protection and mental health services: Practices, attitudes and barriers' 29 *Child Abuse and Neglect* 1085, 1094.

³⁹ Ibid 1095.

⁴⁰ Johnson, L. J., D. Zorn, B.Kai Yung Tam, M La Montagne and S.Johnson (2003) 'Stakeholder's views of factors that impact successful interagency collaboration' 69 (2) *Exceptional Children* 195

⁴¹ Walker, R., J. Pietsch, L.Delaney, B.Hahn, C.Wallace and Kitty Billings (2007) 'Partnership Management: Working Across Organisational Boundaries' 13 (3) *Australian Journal for Primary Health* 9, 10.

⁴² Johnson, P., G. Wistow, R.Schultz and B Hardy, (2003) 'Interagency and Interprofessional collaboration in community care: the interdependence of structure and values' 17 (1) *Journal of Interprofessional Care* 70, 80.

⁴³ Johnson, L. J. et al, above n 41

developing and maintaining relationships with other organisations.⁴⁴ Research into collaborative practice between organizations recognises it is “multidimensional, interactional and developmental”.⁴⁵ It needs to be acknowledged that ‘turf issues’ may occur and cultural understandings of each organisation and their roles need to be developed. Upper management involvement is critical in ensuring this occurs.⁴⁶

Professional boundaries and training is also identified as a potentially significant barrier to effective collaboration. Differences in styles of communication and decision making,⁴⁷ “models of understanding, about roles, identities, status and power and about information sharing”⁴⁸ can lead to conflict and misunderstanding in achieving collaborative practice. Robinson and Cottrell write that “enhancing coordination structurally (and) establishing a culture of “commitment” at a strategic and operational level to overcome professionally differentiated attitudes” are enablers of collaboration.⁴⁹ Similarly, Darlington writes that ‘professional identities are very important to workers’ so it is important to ‘reduc(e) the extent of ‘otherness’⁵⁰ and for professionals to gain understandings of other professions ethics, language and boundaries. This is particularly important for integrated legal service delivery due to the specific nature of a lawyer’s professional duties including strictly adhering to client confidentiality.⁵¹

Integration of services is accepted in current literature and policy initiatives as a tool in addressing complex social problems. Research into legal need and holistic legal service practice identifies that legal problems are rarely only legal in nature and, in order to adequately address these problems, legal services benefit from identifying problems, and work with other services, holistically. As stated previously, community legal centres in Australia claim to work holistically. However, this ‘holistic’, ‘multidisciplinary’ or ‘integrated’ approach to the provision of legal services by Australian community legal centres has received little analysis to date. This project begins that process.

2.4 Measures of an integrated legal service delivery model

This research was not restricted by the various definitions from the research and policy literature (as discussed above) but rather used them as a starting point. By investigating “what was going on” at West Heidelberg Community Legal Service these definitions were exposed to new meanings.

The research adopted the following measures, on basis of various documents⁵², of “an integrated legal service delivery model”:

⁴⁴ Scott, D. (2005) 'Inter-organisational collaboration in family-centred practice: A framework for analysis and action' 58 (2) *Australian Social Work* 132.

⁴⁵ Johnson et al above n 41, 201

⁴⁶ Ibid. 202

⁴⁷ Scott above n 45, 138

⁴⁸ Robinson, M. and D. Cottrell (2005), 'Health Professionals in multi-disciplinary and multi-agency teams: Changing professional practice' 19 (6) *Journal of Interprofessional Care* 547, 558

⁴⁹ Ibid.

⁵⁰ Darlington above n 39.

⁵¹ Castles, M. (2008) 'Possibilities for multidisciplinary collaboration in clinical practice: Practical ethical implications for lawyers and clients' 34 (1) *Monash University Law Review* 116; Norwood & Paterson above n 15.

⁵² Quality Improvement & Community Services Accreditation(Inc), *QICSA fact sheet number 10 - Integrated health services module* QICSA Office; Hardy, B., B. Hudson and E. Waddington (2003). *Assessing Strategic Partnership - The Partnership Assessment Tool*.

1. **There is a central focus on the needs of the client/community**
 - Clients and/or community can access support or help seamlessly regardless of point of contact for assistance.
 - Clients and community collaborate and participate in identifying and meeting their own needs.
 - The impact of the client's/community's environment on their presenting need/problem, and its resolution, is recognised.

2. **There is a holistic service delivery approach**
 - Staff/professionals are able to identify a range of client needs, possible responses and are willing to work with other staff/professionals to meet a range of client/community needs.
 - There is a multidisciplinary approach to service provision, training and capacity building of staff.
 - Staff/professionals have tools and ability to help client/community meet those needs.
 - There is a multiskilling of staff, a work environment which embraces a continuum of care approach and joint working, and established referral practices.

3. **There is organisational partnership and collaboration**
 - Both organizations allocate time and resources to identifying and meeting client/community need. There is a willingness to exchange information, alter activities and share resources to meet client or community need.
 - Organisations trust each other and are willing to share 'turf' with each other to meet client/community need.
 - There is a willingness to increase each other's capacity to meet client/community need.

4. **There is a whole of government and service system approach to complex community need**
 - The government and system policy and research approaches seek to conceptualise solutions to complex social problems across sectors of government and service system.
 - The government policy and service system approaches to funding and service delivery support integrated service delivery across service sectors to meet complex social problems.

This research began with these concepts as a framework for the definition of "integrated legal service delivery". It recognised these concepts interact with and influence each other. However, the research sought primarily to be informed by the data collected in the research process to continually shape and reconstruct its definition of integrated practice and, therefore, to identify the key features of an integrated legal service delivery model.

Strategic Planning Taskforce. London, Office of the Prime Minister 2; Department of Human Services (2006) *Guiding Integrated Family Violence Service Reform 2006-2009* Melbourne, Victorian Government 2; Department of Human Services (2001) *Primary Care Partnerships: Better Access to Services - A Policy and Operational Framework* Melbourne, Victorian Government 3; VicHealth *The Partnership Analysis Tool* Melbourne, Victorian Health Promotion Foundation.

3. Research Methodology

3.1 Introduction

This research project was designed to be exploratory in nature. It uses concepts from grounded theory which aim to find out “what is going on” for a particular phenomenon; to “explain phenomena in light of the theoretical framework that evolves during the research itself and ... (is) not constrained by having to adhere to a previously developed theory.”¹ It foremost set out to identify ‘what is going on’ at West Heidelberg Community Legal Service in its workings with Banyule Community Health; to uncover the relevant concepts within established theoretical frameworks on integration and also to build and deconstruct them through analysis of data collected.

This research project adopted a triangulation technique, using multiple methods to collect data. Each method was used to inform and further develop subsequent methods. The methodology included:

- An Advisory Group
- Collection of existing statistical data
- Identification of referral practices
- Staff online survey
- Worker diaries
- Client interviews/lawyer interviews
- Staff interviews
- Staff workshop

The research had an interdisciplinary approach. The researcher is an associate professor of law at La Trobe University with extensive experience in access to justice, legal aid and community legal centres. The research assistant is a social worker with experience in community welfare organisations.

The collection of data was undertaken in 2009 and the staff workshop was held in March 2010 after the data was analysed. During the research period, WHCLS established a new position of Director. The incumbent has addressed a number of issues raised in the research data.

3.2 Advice on Research – its method and process.

3.2.1 International Input

The data collection instruments were informed by the Moorhead and Robinson research *A Trouble Shared*.² The Moorhead and Robinson qualitative research observed client interviews with a range of legal advice providers to identify the type of legal problems and other problems experienced by clients, the type of assistance received and the impact of this assistance. Follow up interviews were conducted with participants a few weeks after their legal interview. The chief investigator conferred with Professor Richard Moorhead to discuss the methodology for this project. Similarly advice on the research methodology for this project was sought from leading socio-legal researcher Professor Pascoe Pleasance,

¹ Corbin, J. and A. Strauss (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, Sage Publications 49

² Moorhead, R., M. Robinson, et al. (2006). *A trouble shared - legal problems clusters in solicitors and advice agencies. DCA Research Series 8/06*. London, Department for Constitutional Affairs.

Permission was sought and granted from the Board of Management of BCH and the Committee of Management of the WHCLS to conduct the research.

Ethics approval was sought and obtained from La Trobe University's Human Ethics Committee.³ Ethics approval required amendments to the original research methodology based on the Moorhead and Robinson method of observing legal interviews with clients. The Human Ethics Committee at La Trobe considered this approach may impact on client/lawyer privilege. Concerns regarding this aspect of the research were also raised by the Advisory Body to the research. Consequently, the methodology was altered. Surveys were conducted with each consenting WHCLS client immediately after their interview with a legal adviser at WHCLS. A separate survey was also conducted with the respective WHCLS legal advisor. The ethics approval process and changes to methodology resulted in a delay of several months in commencing the data collection.

3.2.2 Local Advisory Body

An advisory body made up of WHCLS and BCH staff was established to obtain input about the practical and ethical issues surrounding the research methods. This advisory body included two legal practitioners working at WHCLS, the BCH Chief Executive Officer, a BCH community worker and the Banyule and Nillumbik Primary Care Partnership Executive Officer.⁴ The advisory body met in December 2008 to consult on the research methods and process. As a consequence a number of aspects of the research were refined.

Advice was also sought about how best to engage staff of both organisations in the research. Once ethics approval was obtained, correspondence was sent via email to all managers at BCH informing them of the research, its purpose and methodology. The researcher attended a staff meeting at BCH to inform staff of the research, its purpose and methodology and to encourage participation. A hard copy of a flyer was distributed to staff and sent via email.⁵ Posters were positioned at various points throughout the building and a community notice board displayed information on the research for two weeks.

3.3 Collection of existing statistical data

An initial approach was to request from both BCH and WHCLS existing data bases, information for a six month period relating to client demographics and referrals practices.

The data requested for January 2009 to June 2009 included:

- Age
- Gender
- Country of Birth
- Income details/Health Care Card Holder
- Aboriginal or Torres Strait Islander descent
- Postcode

³ See <http://www.latrobe.edu.au/research-services/ethics/human.htm> for ethics approval processes at La Trobe University.

⁴ Upon reflection, the researchers note that this advisory body would have benefited from the inclusion of a community member(s).

⁵ See Appendix A.

- Presenting problem/service need
- Number of referrals to/from WHCLS or BCH (including the type of program/service at BCH)
- Age, gender, country of birth, income details/HCC holder, ATSI, Postcode for referrals to WHCLS or BCH

Information was obtained from both services on the age, gender, country of birth, income details, Aboriginal or Torres Strait Islander descent, postcode and type of service received by clients for this six month period.

However neither data base was able to give statistical information on referrals to and from WHCLS or BCH as this information was not recorded. BCH did not have WHCLS in their client management system⁶ as a referral provider. The client management record system (CLISIS) at WHCLS had capacity to record referrals to or from a community health service but not specifically to or from Banyule Community Health.⁷ As a result, there was no statistical data available on the number of referrals made between the services over these six months.

Information from BCH was obtained on the number of clients seen by programs and services but data was not collected on clients' service entry points and the number of clients involved in more than one service or program at BCH. For the purpose of this research, this information was only relevant if information on the number of referrals to or from WHCLS could also be obtained. For example, the number of clients who were referred to WHCLS by a BCH Financial Counsellor but whose initial contact was with the BCH General Medical Practitioner service.

The numbers of clients seen for types of legal problem and whether information or advice was given was recorded at WHCLS.

3.4 Identification of referral policies and practices

The research assistant was located at the WHCLS for three days per week over four weeks in May and June, 2009. During this time, she met with a number of staff to identify referral policies and practices of the two organizations. Additionally the research assistant was able to gain ongoing knowledge and observation of referral practice through her time spent within the organisation.

At WHCLS no formal written referral policies were available. However the referral resources that were used by reception and legal staff were made available to the research assistant. Additionally, discussions were held with WHCLS staff about their referral practices.

The written referral policies and other policies on access to services of BCH were made available to the research assistant. Discussions were held with BCH employees involved in Service Access, the BCH's intake system. The Service Coordination Template Tool (a DHS intake form used statewide by Community Health Services) used at BCH was made available to the research and some service

⁶ The client management system used at BCH is called "Trak It" or "Trak Health". It is a health services client information system designed by the Department of Human Service, Victorian Government. Most community health centres in Victoria use this client management system to store health records of clients.

⁷ This has since been altered and WHCLS now records referrals to and from BCH.

access screening tools.⁸ Discussions were also held with managers at BCH on referral policies and practices for those services and programs that did not use Service Access as a service entry point to BCH.

3.5 Staff online survey

An online survey (using Survey Monkey) was developed for all WHCLS and BCH Staff. This survey was also sent to the manager of Olympic Adult Education, an Adult Education and Neighbourhood House collocated at Banyule Community Health.

Advice was sought on the design and the distribution of the online survey from the advisory body. The online survey was also informed by data collected on the referral practices of the two organizations and existing (or non-existent) data base statistics on referrals between them. Once developed the online survey was sampled on a WHCLS employee, two BCH staff and a staff member involved in the Banyule Nillumbik Primary Care Partnership. Recommendations were made and adopted prior to the survey being sent out to all staff.

The online survey was distributed through an all staff email sent through WHCLS. Reminders of the survey, and requests to participate in it, were sent periodically to staff at WHCLS and managers of BCH who forwarded these requests on to staff.

The online survey was designed to provide the research with indicators on identified legal need by BCH staff and the referral practices of staff at the two organizations. A copy of the survey is at Appendix B. The survey was designed for respondents to be skipped through questions that were not relevant to them. For example if staff stated they never saw clients in their role, they were skipped through to the last question of the survey.

The survey asked a mixture of multiple choice and free text questions on:

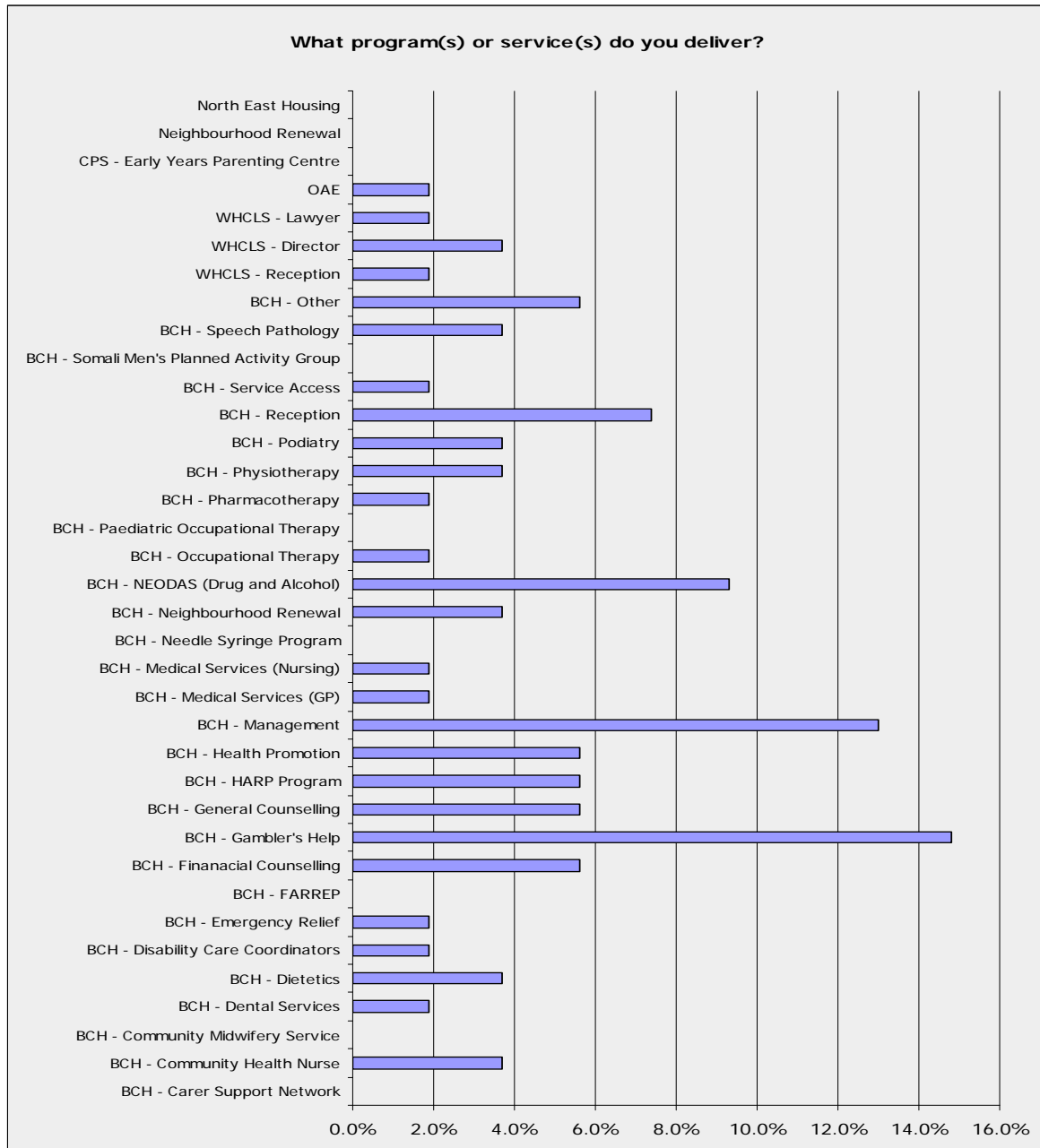
1. Length of time respondent employed
2. Program/service respondent employed in
3. Level of client contact respondent's role involved
4. Type and extent of legal need respondent identified in the clients/community members they worked with. (BCH and OAE respondents only)
5. Frequency of referrals respondents made for the clients/community members they worked with
6. Types of services respondent referred to, how often they referred to them, the referral method used and if and how these referrals were followed up.

BCH respondents were asked:

7. If they had ever made a referral to WHCLS
8. If yes, the reasons for this/these referrals
9. To think of an example of a referral to WHCLS and identify if the client made contact, if they received a service, the time it took to receive a service and whether the respondent felt this service was timely.
10. If they felt they had sufficient knowledge to make a referral to WHCLS and if not areas they require further information
11. If they had contact with WHCLS for reasons other than a specific client or community legal problem.

⁸ These were screening tools developed by BCH. They may now be updated to DHS screening tools used across the community health sector.

The survey was open for two months. There were 62 completed responses to the survey although some questions were skipped or not answered completely by all respondents. All WHCLS staff (6) responded, 53 (out of 140 approx.) BCH staff responded and 1 Olympic Adult Education employee responded. 49 of the BCH respondents stated they had at least weekly contact with clients.



3.6 Staff diaries

Through consultation with the advisory body and information gained from discussions with staff on referral practices between WHCLS and BCH, it was identified that secondary consultations and informal referrals and advice (for example, a BCH staff member going (without notice) to a WHCLS legal practitioner's office to ask a question about a legal issue) was a significant work practice between WHCLS and BCH.

Staff diaries were designed to capture the nature of these secondary consultations and informal referrals and advice between specific staff at the two organizations. “Worker diaries” were distributed to nine (9) staff – three (3) WHCLS staff and (6) BCH staff. Staff were asked to maintain the diaries over a four week period during May and June 2009. Different participants commenced their diaries at different times due to time restraints in identifying and contacting participants.

Through advisory body consultations and consultations with other staff, we were aware that requesting workers to keep a diary was a time consuming and onerous task. This was particularly so, given the amount of client statistics and service information staff were already asked to record for their organization and funding bodies. The research was also aware of the need to ensure information recorded was not client specific. The worker diary was therefore designed to be as direct, simple and least taxing as possible.

The diary asked staff to record:

1. Date of interaction
2. The service or program with whom interaction was made
3. Where (how) the interaction took place
4. Why the interaction took place
5. The outcome of the interaction

A bound book of diary entries was given to the participant and a number recorded on the diary corresponding to the participants name and employed position recorded on a separate sheet. See Appendix C for example of staff diary.

This section of the research required a purposive sample. Staff at WHCLS were asked to identify the BCH programs and services with whom they had the most informal contact in regard to client or community needs. Staff from these programs were approached by the research assistant to participate and the following staff agreed:

1. Principal legal practitioner and clinical education legal practitioner at WHCLS
2. Director of WHCLS
3. Manager of Community Programs at BCH who is also the Chair of the WHCLS Committee of Management
4. Two staff from Gambler’s Help Northern – a financial counselor and a counselor
5. A BCH staff member employed in emergency relief and community programs
6. A BCH financial counselor
7. A BCH ethno specific community worker

The worker diaries were completed to varying degrees. Some participants required a number of diaries while other participants completed only a small number of entries. Three participants stated time constraints did not allow them to enter all interactions into their diary over the month. Two participants spent some time on annual leave during the time the diaries were to be completed. One participant stated the period of time in which the diary was completed was unusual in its lack of interaction with WHCLS. This she felt was due to a lack of clients in general as a result of the H1N1 virus, BCH’s involvement as a H1N1 assessment point and a subsequent avoidance of the service by the community during this time. The other perceived factor in participation was the participant’s enthusiasm for and interest in the research.

The diaries were used not to identify the extent of secondary consults and informal advice and referral that occurred between staff at the two organizations, but rather to identify the nature of these interactions.

3.6.1 WHCLS Log of Referrals

WHCLS has a separate reception area to the main reception area of BCH. This is shared with the BCH Gambler's Help program. Individuals can be directed to WHCLS reception by BCH reception or simply go directly to WHCLS reception.



Figure 1: WHCLS reception and offices are at the top of these stairs. Below is the main reception for BCH

The WHCLS reception staff were also asked to keep a log of referrals to WHCLS and from WHCLS reception over a four week period from the 11/05/09. See Appendix D for a copy of the referral log.

The log documenting referrals from WHCLS reception to other services did not seem to be consistently completed by front office staff. Only six entries for the four week period were made into the log documenting referral sources to WHCLS. This log required front office staff to ask clients contacting WHCLS "How did you know about WHCLS?" This was not a question that was part of the standard intake practice at WHCLS and so it is assumed that front office staff required some time to establish this as part of intake practice. As previously identified, statistics on referral sources to WHCLS were not being recorded consistently or in great depth on the CLSIS data base at WHCLS at this time.

3.7 Client and lawyer questionnaires

One of the aims of the research was to identify the range of legal and non legal problems experienced by the clients of WHCLS, the extent to which the client was involved with BCH and the nature of assistance received from WHCLS. After consultation with the Advisory Body and staff at WHCLS and in consideration of various issues raised by the University Ethics Committee,⁹ it was decided that the

⁹ In particular the concern to protect client professional privilege was paramount. The legal opinion on the University Ethics Committee suggested that the presence of an observer in interviews would waive the client's right to claim the privilege.

most ethical and accurate method to gain this information was to conduct separate questionnaires with WHCLS clients and their legal practitioner immediately post the legal interview being conducted. The research aimed to gain a random sample of clients attending WHCLS for legal advice over a four week period

The research assistant was located in an office at WHCLS for four weeks (between the 11/05/09 and 5/06/09) on the three days a week that legal advice interviews are conducted at WHCLS. A flyer was mailed to clients (by WHCLS staff) who were scheduled for appointments during this time informing them the research was being conducted and they may be approached for participation at the time of appointment. Clients were also given a flyer to read on the research when they presented at the legal service for an appointment. Posters informing of the research were also displayed in the waiting area.

3.7.1 Client interviews

Client participants were informed after their legal interview by their legal advisor that the research was being conducted and asked if the research assistant could talk to them about their participation. WHCLS provides a free legal service to the community targeting services to people who are financially unable to obtain legal services privately. It was not considered appropriate to request participation in the research prior to gaining a service at WHCLS as participation may have been seen as a prerequisite to receiving legal advice. However, requesting participation after an interview may have led to a smaller number of clients willing to participate. Clients had not made time available and often needed to be somewhere else.

The research assistant conducted the interviews (based on a questionnaire) in a private office with consenting participants. See Appendix G for questions. (Two participants returned to WHCLS at a later date to participate in the research as they were unable to complete the questionnaire at the time of their appointment with WHCLS).

An in depth participation information sheet and consent form was read to the participant and questions explained prior to the questionnaire commencing. If during the questionnaire process, participants appeared or openly stated to be troubled by or unsure of the research questions, the research assistant asked if they would like to withdraw participation. Two participants withdrew from the research during the consent process. Appendix E and F are Participant Information Sheets and consent forms for clients (similar forms were used for all participants in the research).

Once consent to participation was obtained, the research assistant read through questions and recorded answers in writing on a hard copy proforma. This was later recorded on a computer file. Recorded answers to questions were read back to clients to ensure accuracy and client consent with all information recorded. The research process recognized that clients had varying levels of English and computer literacy.

The data collected on legal interviews over this four week period was a random, self selecting sample of clients who presented at WHCLS for a legal service. During the four week period 58 legal interviews were conducted at WHCLS. Of these 30 clients participated in the research with 30 matching lawyer questionnaires completed. Client participation represented more than half of legal interviews conducted during this time as 4 interviews were identified as follow up appointments. Client reasons for not participating in the research were: not having time, not cognitively or linguistically being able to understand the research purpose or not wanting to participate. Additionally, the research assistant did not approach nine clients who

presented at the WHCLS during this time because she was in the process of conducting a questionnaire with another client when they came out from their legal interview.

Client participants in the research were asked for details about:

1. Gender, age and income source.
2. How they knew about WHCLS
3. Whether they had any contact (past or present) with BCH and, if they did, with which programs and services
4. The type of legal assistance they received in their legal interview
5. The type of legal problem(s) they were experiencing. A problems list was designed and the categories read to clients. This list of legal problems was designed based on lists used in other legal need surveys¹⁰. See Appendix J for list of problems.
6. Other problems they were experiencing. The problems list was again read to clients but this time they were asked if they were experiencing any general difficulties in these areas. For example, health problems or housing problems.
7. If the client identified they were experiencing other problems they were asked
 - a. if they were receiving any support for these problems and if so the type of support and if not, the reasons why they had not or could not access support.
 - b. if they thought their legal problem was connected to their other problems and if so, in what way.
 - c. if they discussed this problem with their legal advisor; if not, why not and if they planned to do anything about this problem in the future; and if they did, who raised the problem and what actions, if any, were discussed
8. What they thought of the assistance they received from WHCLS.

3.7.2. Lawyer interviews

On the same day that the client participated in the research, a similar questionnaire was administered with the legal practitioner who had interviewed the client participant and was responsible for the legal assistance given. The legal practitioners involved were either the principal legal practitioner or the clinical legal education legal practitioner at WHCLS. This questionnaire was designed to gather evidence on the legal practitioner's identification of links with BCH, social and health problems the clients were experiencing and assistance they provided. See Appendix H for copy of lawyers questionnaire.

3.7.3. Follow up interviews.

It was planned to ask WHCLS client participants if they would be willing to conduct a follow up interview some weeks later to identify how their legal and other problems were progressing. However due to a lack of an appropriate prompt on the survey, only 6 clients were asked. Of these, 5 follow up interviews were conducted with WHCLS client participants.

¹⁰ Coumarelos, C., W. Zhigang, et al. (2006). Justice Made to Measure: NSW legal Needs Survey in Disadvantaged Areas. *Access to Justice and Legal Needs*_Sydney, Law and Justice Foundation of NSW and Moorhead, R., M. Robinson, et al. (2006). A trouble shared - legal problems clusters in solicitors and advice agencies. *DCA Research Series 8/06*. London, Department for Constitutional Affairs.

3.8 Staff interviews

To further enhance data collected, a series of interviews with staff were conducted to gather additional qualitative data on integrated practice at WHCLS and BCH. The rationale used to recruit staff for participation in the interviews was to provide a purposive sample and was based on understandings developed through data collection methods already completed for the research (review of organisational statistics, online survey and worker diaries). Further data was desired through interviews with

- BCH staff who provide daily client service delivery, see clients with legal need and refer frequently to WHCLS
- BCH staff who provide daily client service delivery, see clients with legal need and do not refer frequently to WHCLS
- BCH medical general practice staff
- BCH Management
- WHCLS direct service delivery staff(lawyers and reception)
- WHCLS management

Staff were contacted by the research assistant through email and telephone to request participation in the interviews. Staff from the following programs and services were contacted for participation:

1. BCH ethno specific case worker (Somali Case worker). This worker was contacted because the client/lawyer questionnaires and WHCLS staff diaries indicated constant contact with WHCLS. This worker had been unable to complete her worker diary due to study leave commitments. An interview was requested to obtain qualitative data on her working with WHCLS. An interview was completed by this worker (in her own time).
2. BCH Emergency Relief and community case worker. This worker was contacted because data collected through the on-line survey indicated significant contact with WHCLS. Initial discussions with WHCLS staff and BCH management also indicated that this position had significant contact with WHCLS. In completing the worker diary, the BCH Emergency Relief and community case worker stated that she felt the four weeks, due to specific circumstances, were not an accurate reflection of the contact between herself and WHCLS. An interview was conducted to obtain more in-depth data on the level and extent of contact between this position and WHCLS.
3. BCH Medical services. Doctor and nurses involved in this program at BCH were contacted for participation in the research as the online survey and client/lawyer questionnaires provided limited data on the extent of contact between the GP service and WHCLS. Doctors were identified in legal need research as a significant first point of contact for legal need. All staff were contacted by email for participation a number of times with no response. Discussion with the Medical Services Manager at BCH identified the time constraints on this service and the GPs whose patients might be most likely to experience legal problems. Two GPs were contacted for a shorter interview (15 mins). These interviews were completed.
4. BCH Dental services staff were contacted to request participation because an online survey response indicated a high level of legal need identified in clients of the Dental service. A number of requests were sent and contact made with BCH Dental Services manager who assisted to forward on information about research and interviews. No participants were recruited.

5. BCH Management. The BCH CEO, who is also a member of the Committee of Management of WHCLS, was contacted for an interview to gain more in depth data on organisation and governance matters between WHCLS and BCH. The manager of community programs was also contacted for an interview as he was also the Chair of the Committee of Management of the WHCLS. Both of these interviews were completed.
6. BCH Allied Health staff who were identified in the online survey as identifying legal need amongst their clients but who had little or no referral contact with WHCLS were contacted for an interview. Ideally, the research wanted to interview a staff member who had been working at BCH for over two years. Two allied health teams were contacted by email with no response. Phone messages were also left and one team responded to this. The staff member took this to a team meeting but there were no willing participants. The reason for this were stated as: time constraints; lack of interest in research; and feelings that participants would be easily identifiable, that the data obtained may not reflect well on service and distrust of research processes due to past experiences in other projects where staff member felt she had been misconstrued.
7. BCH community nurses were recruited for interview based on online survey results which showed both community nursing programs identified legal need amongst their clients. A high level of contact with WHCLS was reported amongst one community nursing program and low level of contact amongst another. Staff from the community midwifery program and the HARP (chronic disease) community nursing program were contacted for an interview. Interviews were completed with staff from both programs
8. AS WHCLS has a small staff, all were contacted for participation in an interview. An interview was completed with the principal and community legal education legal practitioner, the director and one reception/intake staff member.

A list of semi-structured questions formed the basis of the staff interviews. While all the themes of these questions were addressed in the interviews, the interview process allowed flexibility for participants to direct the flow of the interview and so questions were not always asked or addressed in the same order. Participants were sent the interview schedule and consent forms prior to the interview to allow them time to reflect on participation and questions to be asked in interview. See Appendix I for staff interview questions.

Data was obtained on the following:

1. Participants position at WHCLS/BCH.
2. What participant saw as the most significant legal problems (for BCH staff) or health and welfare problems (for WHCLS staff) experienced by the clients they saw, how they impacted on their clients and the work they did with them, how their program and they assisted with these problems and whether they worked with WHCLS or BCH to address them.
3. Concepts of integrated or holistic practice, its benefits, disadvantages, facilitators and impediments.
4. Specific examples of when they worked well with BCH or WHCLS and examples of when they did not work well together and the reasons for this.
5. The benefits and disadvantages of, facilitators and impediments to working with BCH or WHCLS.

Twelve (12) in depth and semi-structured interviews (lasting approximately 1 hour) were conducted with staff of BCH and WHCLS. These interviews were audiotaped for accuracy and then transcribed on a qualitative data analysis package (Nvivo).

3.9 Staff workshop

Following analysis of the data collected in the above processes, a workshop was conducted with staff research participants to verify findings and seek further comment. A PowerPoint presentation was developed on initial findings and the researchers' initial analysis of these findings. Eight (8) staff participants from WHCLS (3) and BCH (5) took part in this workshop. This workshop was recorded and analysis entered into Nvivo data and included in further analysis of findings.

3.10 Data Analysis

As discussed in the previous section knowledge and insights gained from current literature and research into integrated practice and collaboration indicate that systemic, organisational, service delivery and staff/professional practice influences and the client or community need impact on the level of partnership collaboration achieved by organisations. This was the framework that influenced what to look for in the data collection for this research. Similar themes were used to conceptualise the process of data analysis.

“Systemic influences”, “Organisational influences”, “Service Delivery, Work Practices and Staff influences” and “Client and Local Community influences” were established as initial themes for analysis. Categories were devised under these themes based on current theories on integrated practice and collaboration.

The data was analysed using a qualitative data analysis program (Nvivo). Broad concepts (influenced by a theoretical sensitivity developed through current theory on legal need and collaborative practice) were identified and an open coding process undertaken in which the data collected was coded into many categories and subcategories as they emerged from the data. These concepts were grounded in “what is going on” at a client and community need level, a service delivery and staff practice level, an organisational level and a systemic level, in the integrated practice at WHCLS and BCH.

This was done initially for data collected from the online survey, client and lawyer surveys and the review of organisational referral policies and practices. This coding assisted the identification of who to interview in the staff interviews as we discovered what additional data we wanted to gather. Data in these categories and subcategories were analysed against the various properties and dimensions within the data collected. The categories established in the research were narrowed and better defined through this process to develop core themes. The next four sections of this report detail the findings of this ‘selective’ analysis phase of the research. The final stage of data analysis was a theoretical coding phase which looked to develop these refined core themes that emerged from the research into a theory on what are the key features of an integrated legal service delivery model. This is discussed in the concluding section.

4. Clients and the Local Community

The rationale for integrating legal services with health and welfare services and for establishing good referral practices between legal services and non-legal community and health services are clearly established: links between legal and health need, particularly for people with chronic illness and disability; links between social exclusion and clusters of legal need; and the prevalence of non-legal services as first port of call for assistance with legal need. In this research into the integrated service model based at WHCLS and BCH, the analysis of data is divided into four themes of influence: client and local community; service delivery, work practices and staff; organisational; and systemic.

This section begins the analysis with a focus on the clients and local community of WHCLS and BCH. The data collected from the online survey of BCH staff, interviews with WHCLS staff and lawyers, interviews with selected BCH and WHCLS staff as well as some statistical data are included in the analysis.

This section commences with the demographics of those that use WHCLS and BCH including those that participated in the client surveys. The nature of legal problems experienced by those accessing WHCLS and BCH is detailed. The complex and interconnectedness of clients' legal and other problems is examined together with the services and supports provided. Particular attention is given to those WHCLS clients with other health or family violence problems. In an examination of how clients were referred to WHCLS, the importance of collocation is discussed. How the identification of problems and potential assistance impacts on the provision of integrated services is then analysed. Housing is used as a particular example. Finally the critical aspects of trust and engaging with the community are outlined.

4.1 The Community Demographics

“members of the City of Banyule who have the least access to justice.”
WHCLS Annual Report

4.1.1 Demographic profile and service needs of those who use WHCLS and BCH

West Heidelberg is a suburb in the City of Banyule. Initially the WHCLS and BCH only provided services to those within the West Heidelberg and West Ivanhoe area (public housing estates). Over the last decade, due to a range of funding imperatives, the catchment area of both organisations has extended to the larger geographic area of City of Banyule. However, the client base is still predominantly from West Heidelberg.

The West Heidelberg Community Legal Service's Annual Report 2008/9 states:
WHCLS currently provide services and activities within the City of Banyule with a focus on those individuals and groups with the least access to justice ... Particular priority access is given to: low income earners, members of the City of Banyule who experience social exclusion and members of the City of Banyule who have the least access to justice...¹

¹ West Heidelberg Community Legal Service (2008/2009). Annual Report. Melbourne, West Heidelberg Community Legal Service.

Various documents of Banyule Community Health indicate that some of its services go beyond the City of Banyule. For example:

BCHS provides services primarily to those people who live, work or study in the City of Banyule.

Banyule Community Health Service (BCHS) is committed to the community having equality of access to its services, facilities and programs. BCBS recognises that particular groups in the community experience disadvantage leading to unequal health outcomes. The aim of this policy is to ensure that BCBS provides an environment that is sensitive to the needs of the diverse community it serves and promotes health through establishing equitable access to minority, culturally and linguistically diverse and disadvantaged groups within the community²

Connecting with the disadvantaged, the disconnected, the isolated and priority population groups is the focus of many of our services. Some of our services have a target area beyond Banyule and support communities in neighbouring municipalities³.

In the six month period of Jan 2009 – June 2009 data on clients at both WHCLS and BCH showed:

- Age of Clients
 - WHCLS – Highest age range was between 30-39 year olds
 - BCH - Highest age range was between 30-39 year olds. Also had high number of service users aged between 70-79 years
- Postcode
 - WHCLS – Most common residential postcode for clients was 3081(West Heidelberg)
 - BCH – Most common residential postcode for clients was 3081
- Gender
 - WHCLS – More women (124) used services than men (94)
 - BCH - More women (2,111) used services than men (1,394)
- Aboriginal or Torres Strait Islander (ATSI)
 - WHCLS – One (1) client was recorded as Aboriginal and Torres Strait Islander, 16 were recorded as “not stated” under this section of data.
 - BCH - 47 clients were recorded as Aboriginal and Torres Strait Islander and 201 clients were recorded as not stated under this section of data.
 - Australian Census data (2006) recorded 1.4% of the population living in postcode 3081 were Aboriginal or Torres Strait Islander⁴
 - Australian Census data (2006) recorded 0.5% of the population living in City of Banyule (Heidelberg area) were indigenous persons (Aboriginal and/or Torres Strait Islander) and 0.4% of the population living in City of Banyule (northern area) were Indigenous persons. This indicates a high percentage of the City of Banyule’s (the catchment area for both services) indigenous population live in postcode 3081⁵

² BCH Access and Equity Policy Accessed May 2009.

³ Banyule Community Health (2009). BCH Quality of Care Report 2009. Melbourne, Banyule Community Health,

⁴ Australian Bureau of Statistics (2007). "2006 Census Quick Stats: Heidelberg West." Retrieved 8 June 2010, last updated 2008, from <http://www.censusdata.abs.gov.au/ABSNavigation/prenav/LocationSearch?collection=Census&period=2006&areacode=SSC21337&producttype=QuickStats&breadcrumb=PL&action=401>.

⁵ Australian Bureau of Statistics. "ABS National Regional Profile Banyule (C) - Heidelberg (statistical local area). Population and people." Retrieved 21/06/10, 2010, from

Country of Birth

- WHCLS – Clients are, in the main, Australian born (137), then Somali (9), then English (8) and then a range of various countries of birth.
- BCH – Clients are, in the main, Australian born (2675), then Italian (113), then English (101), then Somali (82).
- The Australian Census data for 2006 indicated 64.6% of people living in postcode 3081 were Australian born, with 2.6% Somali born and 2.2% English born.⁶
- The Australian Census data for 2006 for the City of Banyule (Heidelberg area) indicated 1.4% of residents were born in sub-Saharan Africa, and for City of Banyule (Northern Area) only 0.5 % were Somali born. This indicates West Heidelberg constitutes a high proportion of the Somali born residents in the local catchment areas of both WHCLS and BCH.⁷
- Health Care Card Holders
 - WHCLS – The majority of clients, 115, received a Government pension, benefit or allowance, while 59 earned a wage. The remainder of client's income status was unstated.
 - BCH – The statistics received from BCH were inconclusive on the percentage of clients who were HCC holders. BCH annual report states the organisation targets the disadvantaged members of the community.

From the statistical data available for this six month period the following describes the users of WHCLS and BCH:

- Both WHCLS and BCH focused on service delivery to City of Banyule targeting community members with least access to legal and health services and support
- Most clients for both services lived in postcode 3081 (West Heidelberg)
- Small numbers of ATSI clients were recorded for both services
- Slightly more female than male clients use services
- Both services saw a large number of clients between the ages of 30-50 years.
- BCH had high number of clients aged 70-79 years.
- 70-79 age group was not highly represented in WHCLS client statistics.
- An overwhelming majority of client's for both services were Australian born.

The WHCLS and BCH staff who were interviewed describe the community who access service and programs at their organisations in the following way:

A lot of them do not have cars, a lot of them rely on public transport, a lot of them have kids **WHCLS - Reception**

⁶ [http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/205300661Population/People12004-2008?opendocument&tabname=Summary&prodno=205300661&issue=2004-2008&num=&view=.](http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/205300661Population/People12004-2008?opendocument&tabname=Summary&prodno=205300661&issue=2004-2008&num=&view=)
 Australian Bureau of Statistics (2007). "2006 Census Quick Stats: Heidelberg West." Retrieved 8 June 2010, last updated 2008, from <http://www.censusdata.abs.gov.au/ABSNavigation/prenav/LocationSearch?collection=Census&period=2006&areacode=SSC21337&producttype=QuickStats&breadcrumb=PL&action=401>.

⁷ Australian Bureau of Statistics. "ABS National Regional Profile Banyule (C) - Heidelberg (statistical local area). Population and people." Retrieved 21/06/10, 2010, from [http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/205300661Population/People12004-2008?opendocument&tabname=Summary&prodno=205300661&issue=2004-2008&num=&view=.](http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/205300661Population/People12004-2008?opendocument&tabname=Summary&prodno=205300661&issue=2004-2008&num=&view=); Australian Bureau of Statistics. "ABS - Regional Profile Banyule (C) - North (Statistical Local Area) - People and population ". Retrieved 21/06/10, 2010, from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/205300662Population/People12004-2008?opendocument&tabname=Summary&prodno=205300662&issue=2004-2008>.

She had no transport, and little family support...relied on taxis and public transport to get to all her appointments at the hospital...

BCH – Community Nurse

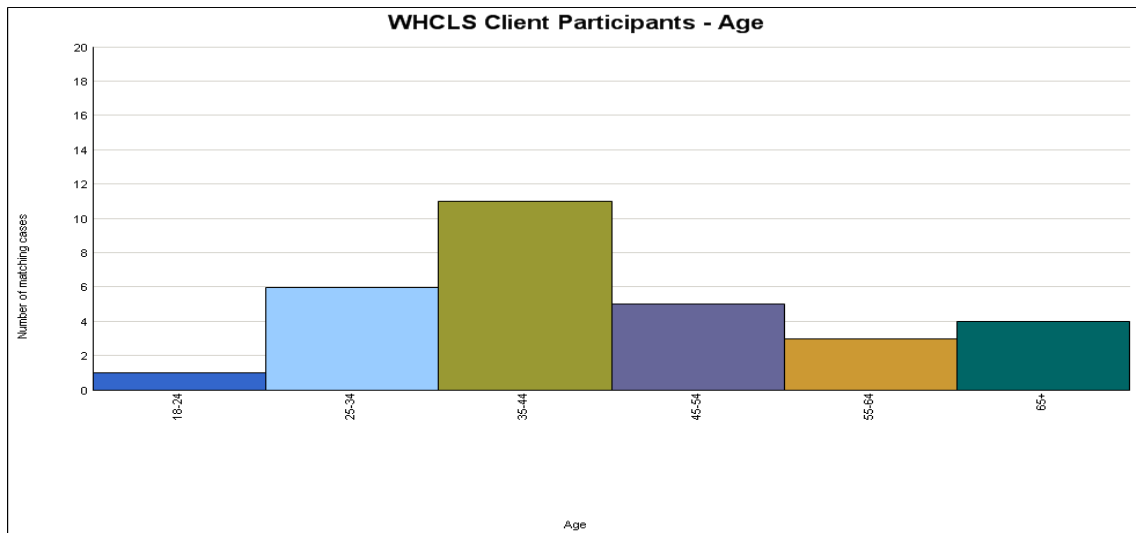
We are working with refugees, asylum seekers, people who have lived in the community for twenty years, people who have lived here for two days...our target group are people who are HCC [Health Care Card] holders ... pressures around income, access to income, access to housing, access to appropriate housing, access to support while they are in their housing

BCH - Manager

4.1.2 Demographic attributes of client survey participants

Surveys were conducted personally with 30 WHCLS clients between May and June, 2009. There were 17 male client participants, 12 female participants and one heterosexual couple.⁸

The majority of participants were aged between 35-44 years (11) and the next most common age groups were 25- 34 years (6) and 45 -54 (5).⁹



The majority of clients surveyed received a Centrelink income (20) whilst 9 stated they received a wage and one stated they were receiving no income.

Of the 66% (20) of participants who reported either having no income or their main source of income being a Centrelink benefit :

- 26% (8) received a Disability Support Pension.
- 10% (3) received a Parenting Payment
- 10% (3) received the New Start Allowance
- 13% (4) received the Age Pension.
- 36% (11) reported difficulties with finding employment.

⁸ Both WHCLS and BCH six month data on client reflected more female clients than male.

⁹ Both WHCLS and BCH six month data on clients reflected the age group of 30 – 39 years as the highest consumers of both services

The WHCLS client surveyed were similar in age to the clients who presented at WHCLS for a service between the six months of Jan 2009 and June 2009. However, the survey participants represented a higher number of males to females than were reflected in the client statistics for the six month period and a slightly higher percentage of survey participants received a government pension, benefit or allowance than those represented in the six month client statistics.

4.2 The community's legal needs

“lots of public housing tenants, lots of people with health issues, most of our clients have interaction with government departments”

BCH manager

The demographic data from both WHCLS and BCH indicate a focus on service delivery to City of Banyule targeting community members with least access to legal and health services and support. Research suggests that the community that uses these services is likely to experience legal or rights problems.

4.2.1 The legal problems presenting to WHCLS

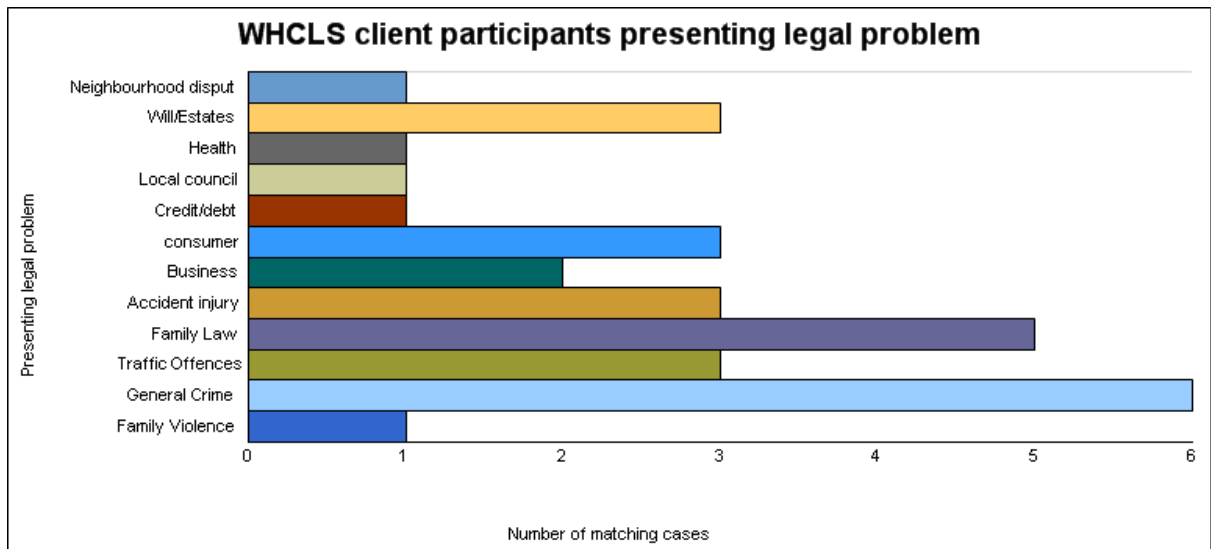
West Heidelberg Community Legal Service is a generalist legal service and so provides legal advice to the community for a broad range of problems

WHCLS existing data base on “matters” seen between Jan – June 2009 showed:

- 46 Family matters were seen, including divorce matter, child contact matters and child protection matters.
- 22 matters related to traffic offences
- 21 matters related to criminal offences
- 19 matters were seen relating to immigration issues, including refugee and asylum matters
- 19 matters related to wills and probate
- 18 matters related to motor vehicle accidents
- 11 matters were seen in regard to credit and debt issues
- 10 matters related to consumer issues
- 8 matters were seen relating to tenancy issues
- 7 matters were seen relating to family violence
- 6 matters related to neighbourhood disputes.
- A number of other various matters were seen.

This data shows family matters were the most common problems seen by WHCLS. Criminal offences and traffic offences were the next most common, followed by immigration issues and wills and probate issues.

The WHCLS clients surveyed presented for legal advice and assistance on the following matters:



The range of legal problems amongst the clients who participated in the research was widespread. These included problems related to criminal charges, problems with the health system, problems with local government, accident and injury compensation problems, business problems, credit and debt, traffic offences and family violence problems. General crime (6) was the most common presenting legal problem, followed by family law (5) and then consumer law issues, traffic offences, accident and injury claims and will and estate problems (3).

A solicitor at West Heidelberg Community Legal Service, when asked

... "as a generalist legal service, what do you see as the main areas you would work with in your casework, legal advice, law reform and community legal education?"

described the service's focus as:

Staff Interviews

we follow our community whatever constitutes ... as a community legal centre we have to think about what are the features of the community that we work for ... there are a series of generalist community legal centres in Melbourne but they work from different parts of Melbourne and they actually have different aspects as a result

4.2.2. The legal problems presenting to BCH

Banyule Community Health provides a broad range of community health and social services and programs. The Banyule Community Health Quality of Care Report (2009) states:

The most used services provided by Banyule Community Health were our Counselling & Casework services, accounting for over one third of all community health appointments (34%). These include our Drug & Alcohol Counselling, Financial Counselling and General Counselling services, Community Support and our Gamblers Help Counselling Service. Podiatry (25% of appointments) and Physiotherapy (24%) were our next most used community health services, each accounting for approximately one quarter of all appointments made by our clients. During the year, almost 5,000 clients

(4,703) saw one of our dentists, with our doctors treating almost 4,000 patients during the same period (3,921)

In the online survey of Banyule Community Health staff, respondents were asked: **“How often do the clients or community members you work with experience problems that require assistance with the following problems?”**

The respondents could tick from a list of thirty two (32) problems that were based on survey instruments in NSW Law Foundations Access to Justice Legal Needs research¹⁰ and the Moorhead and Robinson study, *A Trouble Shared*¹¹. In the survey, participants could note any other legal problems not listed or that they felt required special comment.

The survey received 48 overall responses from Banyule Community Health participants.¹² Those respondents who stated they do not have contact with clients and community members were “skipped” through this section of the survey. (West Heidelberg Community Legal Service respondents were also “skipped” through this question.) The response count for this question of the survey varied from between 36 (66%) to 42 (78%) responses to each legal problem.

The following table lists the results of respondent’s answers to this question.

Improving Access to Justice - West Heidelberg Community Legal Service and Banyule Community Health

| How often do the clients or community members you see require assistance with the following issues? | | | | | | |
|--|------------|----------------------|----------------------------------|-------------------------|------------------------|----------------|
| Frequency | | | | | | |
| | Never | Once or twice a year | At least once every three months | At least once per month | At least once per week | Response Count |
| Accident/injury compensation difficulties | 63.2% (24) | 26.3% (10) | 10.5% (4) | 0.0% (0) | 0.0% (0) | 38 |
| Business problems - debtor or accessing payments difficulties | 56.4% (22) | 23.1% (9) | 0.0% (0) | 7.7% (3) | 12.8% (5) | 39 |
| Consumer problems - problems with goods and services paid for, superannuation, insurance, financial institutions | 69.4% (25) | 8.3% (3) | 5.6% (2) | 5.6% (2) | 11.1% (4) | 36 |
| Credit/Debt problems - including debts raised by gambling | 33.3% (13) | 30.8% (12) | 7.7% (3) | 5.1% (2) | 23.1% (9) | 39 |
| Education problems involving exclusion from education, access to special needs education | 59.5% (22) | 18.9% (7) | 8.1% (3) | 13.5% (5) | 0.0% (0) | 37 |
| Employment problems involving unfair dismissal, harassment, employment conditions, accessing pay entitlements | 56.4% (22) | 35.9% (14) | 5.1% (2) | 2.6% (1) | 0.0% (0) | 39 |
| Government Benefits (Centrelink) problems | 29.3% (12) | 29.3% (12) | 24.4% (10) | 9.8% (4) | 7.3% (3) | 41 |
| Government services problems for elderly or disabled | 30.0% (12) | 40.0% (16) | 7.5% (3) | 15.0% (6) | 7.5% (3) | 40 |

1 of 3

¹⁰ Coumarelos, C., W. Zhigang, et al. (2006). Justice Made to Measure: NSW legal Needs Survey in Disadvantaged Areas. *Access to Justice and Legal Needs* Sydney, Law and Justice Foundation of NSW. 3.

¹¹ Moorhead, R., M. Robinson, et al. (2006). A trouble shared - legal problems clusters in solicitors and advice agencies. *DCA Research Series 8/06*. London, Department for Constitutional Affairs.

¹² See attachment No. for BCH staff respondents.

Section 4 Clients & Local Community

| | | | | | | |
|---|------------|------------|------------|-----------|----------|----|
| Taxation debt disputes | 86.8% (33) | 5.3% (2) | 2.6% (1) | 2.6% (1) | 2.6% (1) | 38 |
| Freedom of information request problems | 84.2% (32) | 13.2% (5) | 2.6% (1) | 0.0% (0) | 0.0% (0) | 38 |
| Immigration problem for self or family | 62.2% (23) | 32.4% (12) | 5.4% (2) | 0.0% (0) | 0.0% (0) | 37 |
| Seeking Asylum problem | 86.5% (32) | 8.1% (3) | 0.0% (0) | 2.7% (1) | 2.7% (1) | 37 |
| Immigration Detention problem | 89.5% (34) | 10.5% (4) | 0.0% (0) | 0.0% (0) | 0.0% (0) | 38 |
| Problem with the legal system | 42.5% (17) | 30.0% (12) | 15.0% (6) | 12.5% (5) | 0.0% (0) | 40 |
| Problem with local government - planning | 79.5% (31) | 10.3% (4) | 5.1% (2) | 2.6% (1) | 2.6% (1) | 39 |
| Problem with Government fines (non-traffic) | 69.4% (25) | 16.7% (6) | 5.6% (2) | 2.8% (1) | 5.6% (2) | 36 |
| Problem with Health system re. disability facilities or services, treatment/care on leaving hospital | 31.0% (13) | 28.6% (12) | 28.6% (12) | 9.5% (4) | 2.4% (1) | 42 |
| Clinical negligence - medical or dental | 65.0% (26) | 30.0% (12) | 5.0% (2) | 0.0% (0) | 0.0% (0) | 40 |
| Tenancy problems - eviction, rent increases, unsafe housing including Office of Housing, caravan parks, boarding houses | 26.2% (11) | 33.3% (14) | 26.2% (11) | 9.5% (4) | 4.8% (2) | 42 |
| Home ownership problems - mortgage payments, loss of housing | 51.2% (21) | 34.1% (14) | 4.8% (2) | 9.8% (4) | 0.0% (0) | 41 |
| Neighbour disputes | 55.3% (21) | 31.8% (12) | 2.6% (1) | 7.9% (3) | 2.6% (1) | 38 |

2 of 3

| | | | | | | |
|---|------------|------------|------------|-----------|-----------|-----------|
| Human Rights - discrimination | 63.2% (24) | 21.1% (8) | 7.9% (3) | 5.3% (2) | 2.6% (1) | 38 |
| Wills/estate problems | 65.8% (25) | 31.6% (12) | 0.0% (0) | 2.6% (1) | 0.0% (0) | 38 |
| Criminal charges | 37.5% (15) | 25.0% (10) | 27.5% (11) | 10.0% (4) | 0.0% (0) | 40 |
| Problem with bail | 81.6% (31) | 15.8% (6) | 2.6% (1) | 0.0% (0) | 0.0% (0) | 38 |
| Problems with police - unfair treatment, failure to investigate | 65.8% (25) | 26.3% (10) | 7.9% (3) | 0.0% (0) | 0.0% (0) | 38 |
| Problems while in prison or juvenile justice with safety or treatment | 81.6% (31) | 18.4% (7) | 0.0% (0) | 0.0% (0) | 0.0% (0) | 38 |
| Victim of Crime | 26.8% (11) | 51.2% (21) | 9.8% (4) | 7.3% (3) | 4.9% (2) | 41 |
| Family Violence - victim of family violence | 25.0% (10) | 40.0% (16) | 15.0% (6) | 10.0% (4) | 10.0% (4) | 40 |
| Family Violence - Accusation made against client | 64.1% (25) | 25.6% (10) | 5.1% (2) | 5.1% (2) | 0.0% (0) | 39 |
| Traffic offences | 56.4% (22) | 25.6% (10) | 10.3% (4) | 0.0% (0) | 7.7% (3) | 39 |
| Family law issues - including child protection | 26.8% (11) | 41.5% (17) | 14.8% (6) | 17.1% (7) | 0.0% (0) | 41 |
| Use this space to tell us of any legal problems not listed or that you feel require special comment | | | | | | 15 |
| answered question | | | | | | 48 |
| skipped question | | | | | | 9 |

3 of 3

Problem types identified by over half of the respondents to the survey were considered significant. There were ten legal problems identified as significant. They were:

- Credit and Debt problems
- Government Benefits (Centrelink) problems
- Government Services problems for elderly or disabled
- Problem with the legal system
- Problem with the Health system
- Tenancy problems
- Criminal charges
- Victim of Crime
- Family Violence
- Family law issues

These 10 most commonly identified problems of clients and community members were also more likely to be identified at least monthly by respondents than other problems listed.

While the online survey responses are not a complete measure of legal need of the community who use Banyule Community Health's programs and services, they are a useful indicator of the type and extent of community legal need experienced by those who use BCH' services.

BCH Staff online survey results

“How often do the clients or community members you see require assistance with the following issues?”

- 1. Credit and debt problems were identified by 36 BCH staff respondents. 11 respondents stated they saw clients with Credit or debt problems at least monthly**
- 2. Tenancy issues (both public and private rental) were identified by 31 BCH staff respondents. 6 respondents stating they saw clients with tenancy problems at least monthly**
- 3. Victims of Crime problems were identified by 30 BCH staff respondents. 5 respondents stated they saw clients who are victims of crime at least monthly.**
- 4. Victims of family violence were identified by 30 BCH staff respondents. 8 respondents stated they saw client who are victims of family violence at least monthly**
- 5. Problem with family law issues were identified by 30 BCH staff respondents. 7 respondents stated they saw clients with problems in relation to family law issues at least monthly.**
- 6. Centrelink problems were identified by 29 BCH staff respondents. 7 respondents stated they saw clients with Centrelink problems at least monthly**
- 7. Services for the elderly or disabled were identified by 28 BCH staff respondents. 9 respondents stated they saw clients with problems with services for the elderly or disabled at least monthly**
- 8. Health system problems were identified by 29 BCH staff respondents. 5 respondents stated they saw client with problems with the health system at least monthly**

9. Criminal charges were identified by 25 BCH staff respondents. 4 respondents stated they saw clients with problems in relation to criminal charges at least monthly
10. The legal system was identified by 23 BCH staff respondents. 5 respondents stated they saw clients with problems in relation to the legal system

A free text option was also available to respondents to tell of any legal problem areas not listed or that required special comment. This free text section identified specific legal or rights problems that become apparent when some community members present at Banyule Community Health. These issues included:

- Problems around consent for health treatment of children when children are not presenting with their legal guardian. These problems were also mentioned for the elderly with dementia.
- legal rights in relation to assaults and trauma that have occurred in the past but are uncovered in a therapeutic setting years later
- legal rights of the intellectually disabled living in community based care

Online Survey:

“Use this space to tell us of any legal problem areas not listed or that require special comment.”

Problem with health system, aged care facilities or services.

BCH – Community Nurse, chronic disease

Consent issues. Children living with grandparents or other adults but they have never been made the legal guardian of the child and then there is consent issues with treatment.

Guardian Board Issues- patient now has (dementia) and uncertain if they can give a valid consent for treatment.

Overseas students studying in this country who have not turned 18 years, no adult guardian in this country and their parents are overseas and cannot speak English. Sometimes these students are here with older siblings or relatives like cousins. If the treatment is irreversible (extraction of first molar) and there are other treatment options which they decline (endodontics) consent is an issue. We can give them papers for the parent to sign but we are never sure if the student or the parent/sibling/student has signed the form.

Children attending with step parents who have not been made the guardian of the child or who have not been given long term care and responsibility for the care of the child. The step parent does not always understand that they cannot give consent as the guardian.

Ability to complain to the Health Services Commissioner or Law commissioner re fees charged or a complaint about another service/practitioner. Lack of understanding that these services are available.

Patient rights and fees for health record release, under the Health Records Legislation

Children in the care of "Health and Community Services" - who can give consent? Often the parents cannot be located? Often the carers do not bring any legal documents to emergency appointments. Sometimes these children are very young.

BCH – Dental Services

Many female clients with gambling issues have histories of childhood sexual abuse. These incidents were not dealt with legally at the time as they occurred mainly within families but have been none the less traumatic and criminal charges could have resulted on disclosure. Is this considered a legal matter?

BCH Gambler's Help

Many clients seem overwhelmed by the legal systems, letters from government bodies, fines, etc. I often see community members, who are stressed by the content of a letter, or a forthcoming matter that the client is unaware of, its context or their rights and roles in the matter. An example is letters Office of Housing residents receive if they have missed multiple payments, which starts the eviction process. For a family with no alternative accommodation these letters send a family into chaos, stress and a sense of hopelessness.

BCH - Management

Family law issues, family violence and child protection (are) very significant.

BCH - Counsellor

High incidence of family violence connected to problem gambling

BCH – Gambler's Help

People with moderate, severe, profound intellectual disability who are primarily non-verbal and unable to represent themselves in most areas of their life. The lack of expressive communication and problems with comprehension mean they are vulnerable to poor quality services and inadequate practices, sometimes because of misconceptions that surround this group living in the community. I would argue that issues of discrimination, abuse and negligence can occur for this group on a daily basis, however, these issues rarely receive legal attention because of difficulties with self-report and credibility of the victim/witnesses. Nonetheless, treatment of this group represents a large human rights issue that is supported by the World Health Organisation and United Nations.

BCH – Disability Worker

We often assess disabled clients who are living in Office of Housing homes that require modifications to these homes to maintain their independence and safety eg. rail installations in the bathroom or ramps etc. and these are not actioned by Office of Housing in a timely manner

BCH – Occupational Therapist

Rights of a caregiver - of children in Foster care - access to information, funding to meet child's needs. Rights of the child - child victim of neglect. DHS failing to act on situation - "case closed".

BCH – Speech Therapist.

In the in-depth interviews conducted with nine Banyule Community Health Centre staff, participants were also asked what they saw as the main legal needs of the clients and community members who attended Banyule Community Health.¹³

¹³ Staff interview participants were given the same "legal and other problems" prompt sheet as WHCLS client survey participants.

All participants spoke of problems with access to and substandard housing, difficulties with the Centrelink system, and many spoke of family law and parental rights problems and difficulties with fines and credit or debt.

Staff Interviews:

For the research, we have developed a list of legal/health and welfare problems. In considering this list:

Are any of these legal problems (or health and welfare problems) significant issues for the community/clients you or your program/service/organisation work with?

BCH – Community Case worker

We do have a lot of housing issues ... in the area there is inadequate housing to accommodate all the people who are needing emergency housing ... and also appropriate housing to meet the needs of families ... domestic violence issues ... people who have difficulties with other government departments ... such as Centrelink, knowing their rights and that they can apply for pensions ... victims of crime from time to time ... also, general things like people coming in that don't realise they have a fine, and they just panic and they don't realise that they could pay it off or that an arrangement could be made credit and debt and often they will go without having basic food and that sort of thing ... also issues with child protection, family issues

BCH GP

the housing side of things ... this is a recurring problem. People are constantly bringing in forms to be filled out for housing or asking for letters to be done regarding housing. And you mentioned income, well there is certainly lots of issues around fines so I guess that is getting into the criminal justice side of things. certainly in terms of income, there are lots of Centrelink issues

BCH –CEO

criminal issues, disputes around housing - landlords, bankruptcy ... financial problems, custody issues, family court issues

BCH – Community Midwife

Domestic violencevictims of crime, huge issues around housing for just about everybody, substandard housing, having difficulties getting things repaired, people being housed in inappropriate housing, fearful of their safety because of where their housing is and the safety of their children and type of housing, charges on drug related offences, people with psychiatric and intellectual disabilities being unfairly treated and not having the advocates they need to get an adequate service, difficulty in accessing information, Centrelink payments, unrealistic expectations on people to comply - all these rules and regulations, put in forms constantly ... people just coming out of prison, no money, no transport and all these places they have to be

BCH – Community Nurse

Housing ... access to housing, also problems with eviction from private housing waiting for housing from Office of housing, problems with landlords in private (rental)...always issues in accessing Centrelink for carers ... paying for services or supports from the aged pension ... trying to live off the pension and pay for medical services affordability ... if people need to get in to see a respiratory physician in the public system they can wait probably six months ... they can see a private physician but it is always the outlay of (the) costs, they will not go and them because they are on a small pension

BCH Manager (2)

we have nurses working with people towards the end of their life so there are issues with wills and bereavement ... lots of public housing tenants, lots of people with health issues, most of our clients have interaction with government departments whether that be Centrelink or Office of Housing or others, children in school and out of the school system. Our financial counselling clients and our emergency relief, some of our Somali Community have lots of issues with credit and debt ... definitely family issues (are) a significant issue, number of clients fit into general crime as well ... the breadth of community health services (means) we are working with refugees, asylum seekers, people who have lived in the community for twenty years, people who have lived here for two days...our target group are people who are HCC holders ... pressures around income, access to income, access to housing, access to appropriate housing, access to support while they are in their housing ...

BCH – GP (2)

The biggest problem they present with is the housing. There is a continual need for upgrading housing or overcrowding or they are often in danger of being thrown out. Often I am asked to write supporting letters to support their needs or their need for proper housing. And I might add it is proper housing that they need ... Centrelink and job support certificates are very very common. And reviews are the same as they are reviewed very often.

BCH – Somali Community Worker

In terms of the housing, sometimes there might be a neighbour dispute, racism, discrimination ... that might be taken further, police might be called or intervention order might be needed....also with family violence when a lot of intervention orders happen, because the police will actually tell them that's their right to do that, so when its the man, there has been assault and the wife goes to the court and gets the intervention order, that happens there ... There are general crimes happening like you know because we are Muslim. divorce separation happens ... dispute over matrimonial property ... guardianship issues between carers, of children usually not elderly ... harassment, discrimination cases...Office of Housing ... Always there is payment of fines ... Involuntary psychiatric hospitalisation happens....

Findings on Community Legal Need

Based on available statistical data, online survey and staff interviews, predominantly traditional legal problems, criminal matters, family law and credit and debt issues present to WHCLS. This is in contrast to the range of legal problems identified as being experienced by the community who use Banyule Community Health:

- credit and debt problems
- problems with access to appropriate housing, income or government benefits
- problems with government and health services,
- problems with the legal system
- victims of crime,
- family violence
- family law problems and

- criminal matters.

The problems with government and health services, access to adequate income and housing are not legal problems WHCLS deal with often as the presenting legal problem of clients. These findings are consistent with other legal need surveys which identified: people do not always seek assistance with legal or rights problems and if they do, other support services such as GPs and other health and community services are often the first point of contact for such problems¹⁴.

The findings from the online survey to staff also identify legal problems particularly relevant to the community accessing Banyule Community Health programs and services. Three quite specific legal problems for some community members that become apparent when they access community health services were:

- ⇒ problems around obtaining consent for health treatment of children when children are not presenting with their legal guardian. This is also an issue for elderly patients with dementia.
- ⇒ available legal avenues for victims of past assaults where these assaults are addressed or brought up in therapeutic or counselling setting years later
- ⇒ ensuring the rights of a person with an intellectual disability (particularly those with a profound intellectual disability) living in community based care are met

There was no evidence to suggest the community or BCH staff presented to WHCLS for assistance with these problems.

4.3 Complex and interconnected problems

“People’s lives are made up of so many different things”

BCH Community Midwife

Further to the data on prevalence of legal problems, the client and staff interviews provided clear evidence on the extent of multiple problems experienced by community members, the complex nature of these problems and their interconnectedness. Insights were gained into how the level and nature of multiple problems affected a person’s ability to engage with services to find solutions; a factor not often discussed in literature on integrated service provision.

4.3.1 Complex need

Staff Interview – Community Worker

One of the things I have noted....most of the issues are quite complex.

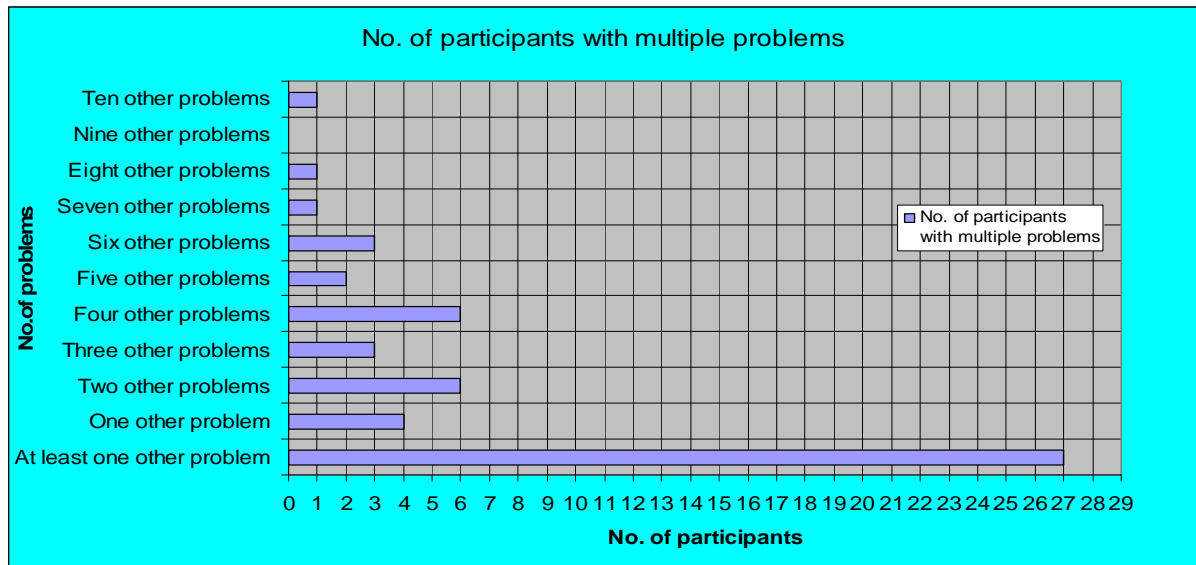
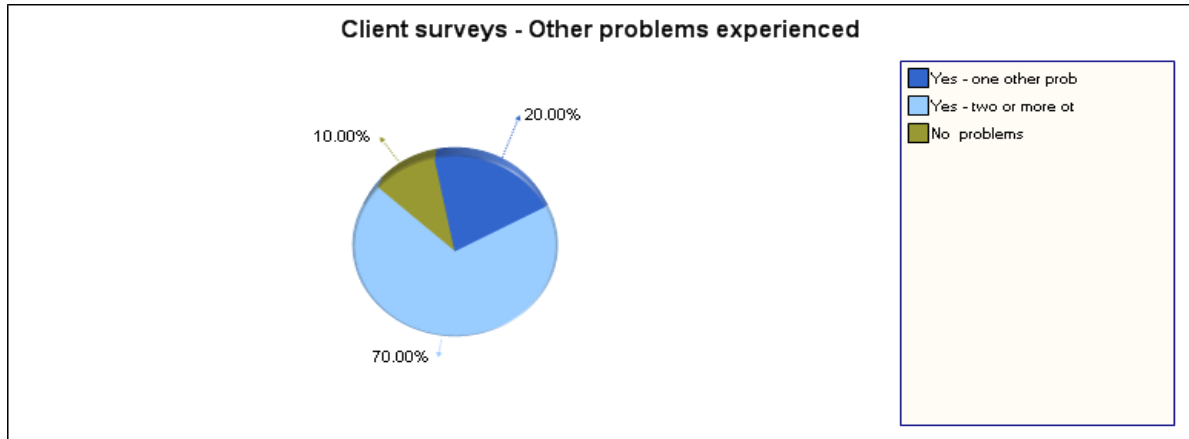
In the WHLCS client interviews evidence was obtained about the extent to which the clients, presenting at WHCLS for assistance with a legal problem, were experiencing additional problems. Clients were asked to identify other difficulties, not just legal, but also social and health difficulties, they were experiencing. A prompt sheet of problem areas was provided and read through with the participants.¹⁵

¹⁴ Clarke, S. and S. Forell (2007). Pathways to justice: the role of non-legal services. *Justice Issues*. Sydney, Law and Justice Foundation of NSW.

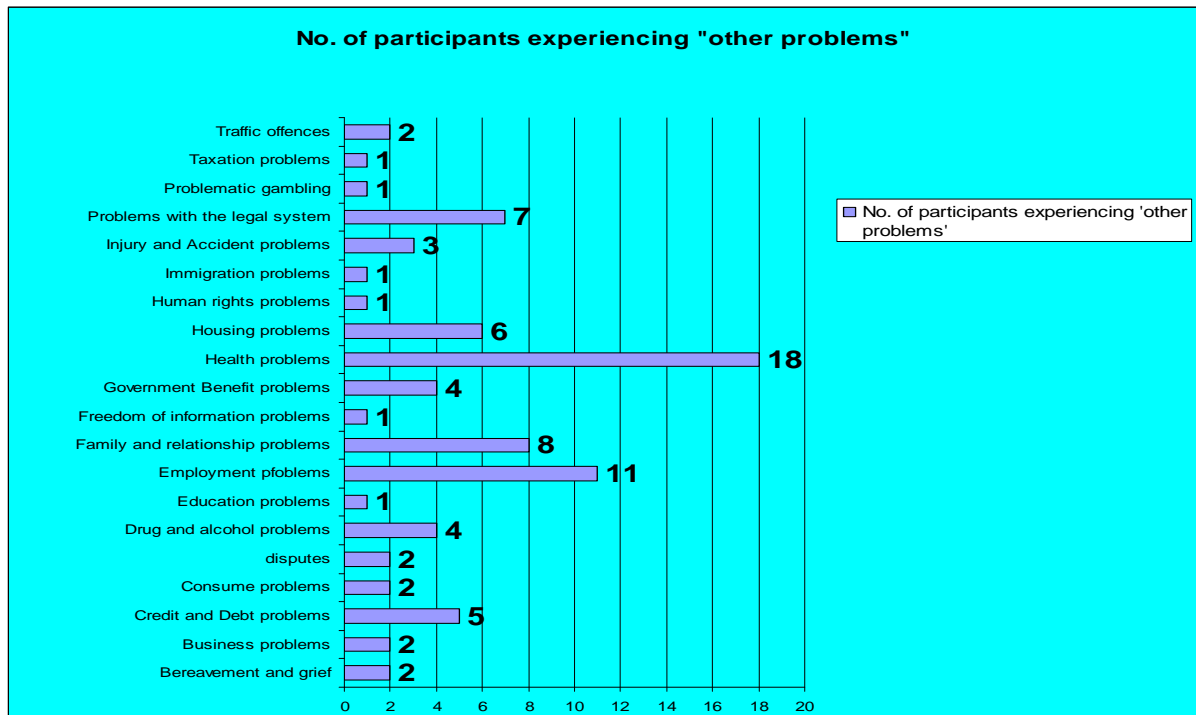
¹⁵ See Appendix H for prompt sheet.

A majority of clients, 27 (90%), stated they were experiencing some other problems in addition to their presenting legal problem. The number of problems experienced by each participant varied. 23 participants(77%) reported experiencing at least two other problems. 14 participants (47%) reported experiencing more than four other problems.

The following chart represents the number of participants (out of 30) who stated they were experiencing other problems:



Health problems (18 participants) were the most prevalent “other problems” amongst participants, followed by employment problems (11), family or relationship problems (8), problems with the legal system (7), problems with housing (6) and credit and debt problems (5).



The table below shows the presenting legal need of participants and the number of other problems they stated they were experiencing. Participants presenting for problems regarding:

- criminal charges reported experiencing at least three or more “other problems”.
- accident and injury reported experiencing at least 6 or more “other problems”
- traffic offences and wills and estate experienced fewer “other problems” – under 2 “other problems”
- family Law were spread between one and six “other problems”
- neighbourhood dispute reported five “other problems”
- business reported one “other problem” and another participant reported “four other problems”. A participant who sought advice regarding a problem with her local council also reported four “other problems”
- family violence reported four “other problems”.
- consumer reported three “other problems”
- credit and debt and health reported “two other problems”

Section 4 Clients & Local Community

| <i>Presenting legal need</i> | <i>One other problems</i> | <i>Two other problems</i> | <i>Three other problems</i> | <i>Four other problems</i> | <i>Five other problems</i> | <i>Six other problems</i> | <i>Seven other problems</i> | <i>Eight other problems</i> | <i>Nine other problems</i> | <i>Ten other problems</i> |
|------------------------------|---------------------------|---------------------------|-----------------------------|----------------------------|----------------------------|---------------------------|-----------------------------|-----------------------------|----------------------------|---------------------------|
| Family Violence | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| General Crime | 0 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 1 |
| Traffic Offences | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Family Law | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 |
| Accident and Injury | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 |
| Business | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Consumer | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Credit and Debt | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Local Council | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Health | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Wills and Estates | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Neighbourhood dispute | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |

Participants who experienced problems regarding criminal charges, family violence and accident and injury civil law problems presented as experiencing a greater number of “other problems”. The participants who presented with traffic offences and for wills and estate problems had a smaller number of “other problems”. The other categories of presenting legal problems did not provide clear indicators of the extent of “other problems” that might be experienced.

Further analysis of the “other problems” experienced by participants shows the type of “other problems” experienced in correlation to their presenting legal need.

- In the group of five clients experiencing a family law problem, 4 also reported problems related to the experience of family violence, 3 problems with family and relationships, 2 with government benefits and 2 with problems with the legal system. There was also a broad range of problems experienced by individual participants including bereavement and grief, housing and traffic offences.
- In the group of five clients experiencing a problem related to criminal charges(5), all stated they were experiencing health problems and over half reported problems with alcohol and drug use. Other problems reported by participants in this group were family violence, family law and bereavement and grief
- In the group of three clients experiencing a problem related to an accident or injury, all reported experiencing health problems and employment problems and two reported experiencing a problem with their housing.
- Amongst the clients there was a broad spread of “other problems’ across presenting legal problems. For example participants experiencing a housing problem were spread across presenting legal problems of crime, wills and estates, neighbourhood disputes, credit and debt and accident and injury.

Some clients with particular presenting legal problems experienced particular types of “other problems” (clusters of problems):

- those presenting for criminal law experienced health problems and problematic drug and alcohol use
- those presenting with accident and injury problems experienced health problems
- those presenting with family law problems often either had the experience of being the victim of family violence or had been accused of being the perpetrator of family violence.

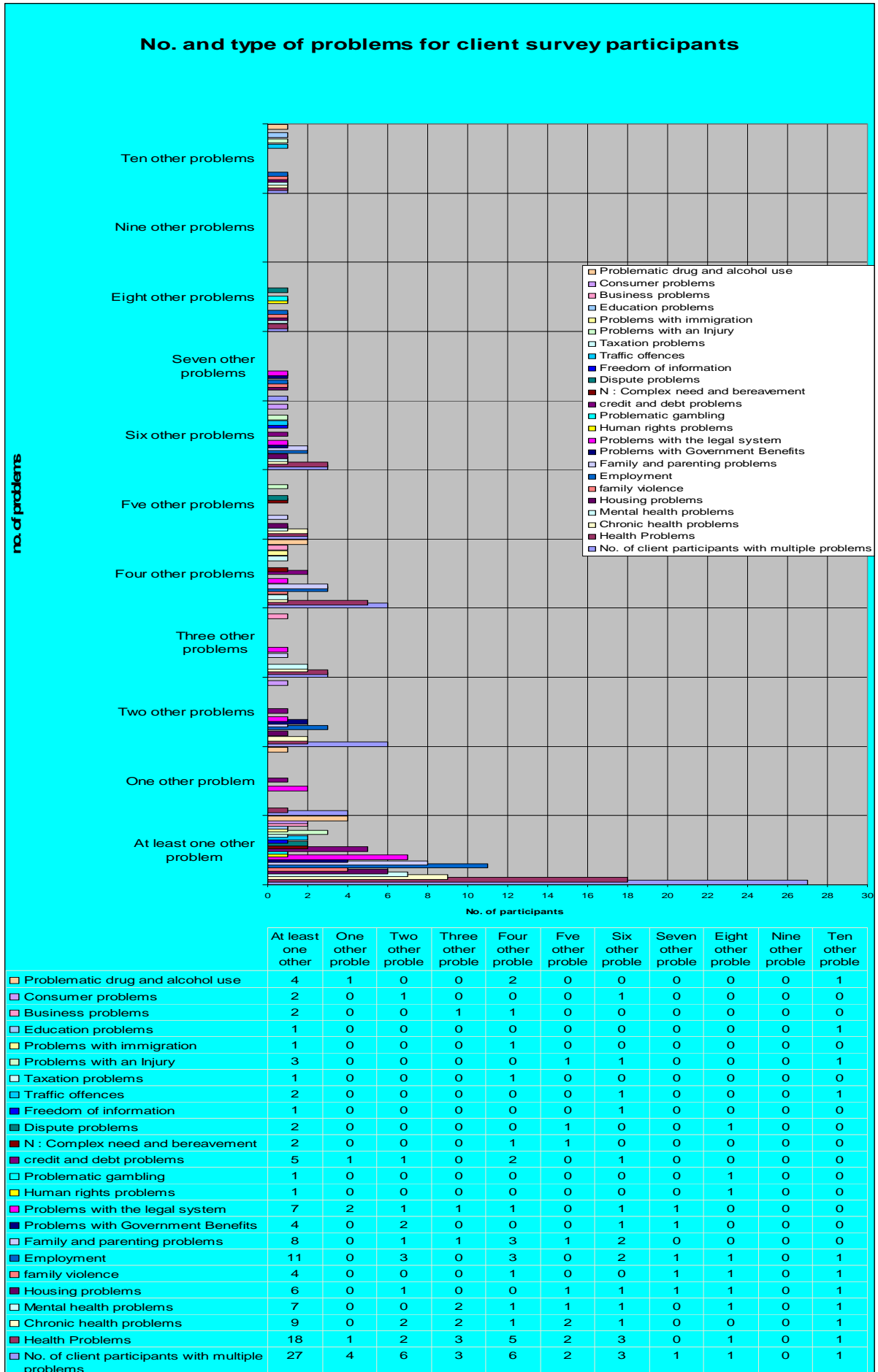
Analysis of the “other problems” experienced by clients also shows some trends in regard to the problems experienced by participants. The chart below indicates the number of participants experiencing ‘other problems” and the types of “other problems” they were experiencing.

Problems related to family violence, health, housing and employment were more likely than other problems to be present for participants who stated they were experiencing a large number of “other problems”, thus, suggesting a relationship between these problems.

Other problems experienced by participants did not indicate a pattern in other problems experienced.

While data collected demonstrated a link between the experience of family violence and high number of “other problems”, participants experiencing problematic drug and alcohol use identified a varying level of other problems - one participant identified experiencing one problem, two with four other problems and one with ten “other problems”

The table below indicates the number of problems and the types of problems experienced by participants.



The number of “other problems” and the legal problem a client is experiencing is not, in itself, indicative of the complexity or intensity of problems clients were facing or their level of support need. An individual client with four “other” problems may have more difficulty and require more support than another client reporting to have four “other” problems. For example, one WHCLS client participant (client participant no. 17) with a criminal legal matter identified four “other” problems related to their chronic mental health condition and ongoing financial difficulties. Another WHCLS client participant (client participant no. 5) with a legal matter related to a local council issue identified four “other” problems related to family issues, employment and business issues and a temporary mental health condition (feelings of stress and anxiety related to her legal issue). Both of these participants conducted a follow up interview for the research. All of client participant no. 17 problems, including her legal problem, were still present in her life. Whereas, client participant no. 5’s legal problem had been resolved, and so were all her “other problems”. This example demonstrates that client participants presented to WHCLS for various reasons, with varying levels of need and problems in other areas of their lives.

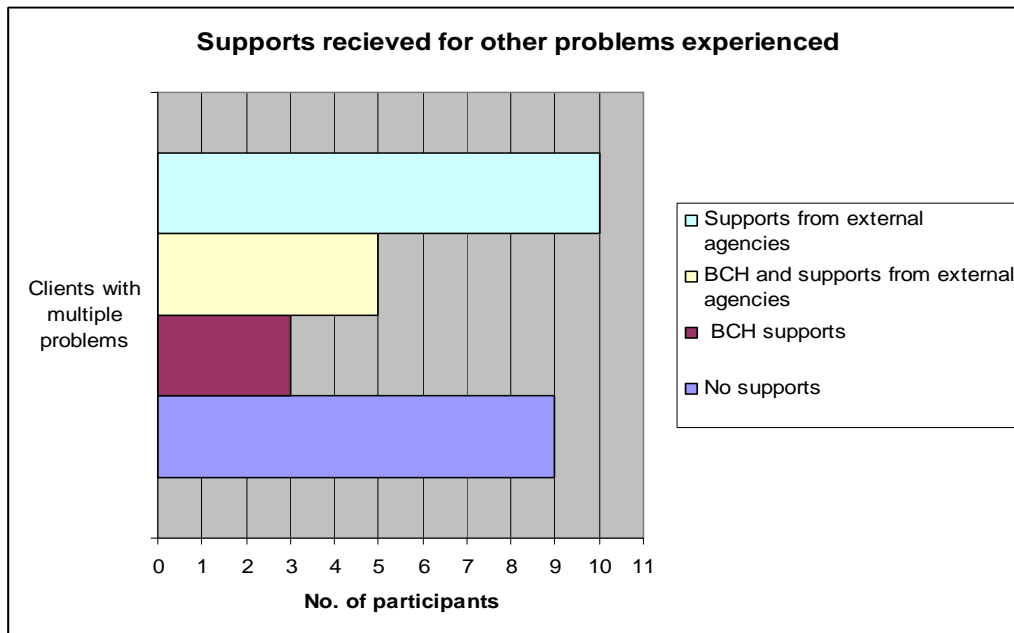
The sample of participants in this study is too small to determine the characteristics or causal factors of social problems such as poor health, family violence, housing or unemployment and various legal problems. However, the sample does demonstrate that many community members who present at WHCLS for legal assistance:

- are experiencing other problems and often more than one other problems,
- are likely to be experiencing problems related to their health
- are often experiencing problems with employment, family and relationships, income and navigating the legal system
- are experiencing a higher number of these problems if they are experiencing problems related to family violence and criminal charges.

4.3.2 Supports received for other problems

Clients surveyed were asked if they received support for their other problems. 18 out of 27 participants who identified having “other problems” were linked into other supports.

8 participants received support from BCH for the other problems they were experiencing, 5 of these participants were receiving support from another agency also. 10 participants were receiving support from an external agency and 9 participants were receiving no supports for these problems.



4.3.3 The link between legal problems and other problems

In the client interviews, participants were asked

I am going to go through the problem categories again but this time I would like to know if you have or have recently had any other problems that have been difficult to resolve? These may be legal problems but do not need to be. We would like to know about any other difficulties you are facing.

74% of the 27 participants who stated they were experiencing “other problems” in addition to their legal problem were able to identify a link between some or all of these other problems and their legal problem. They did not see these problems as isolated or random events that did not affect each other.

Analysis of the types of “other” problems clients were experiencing provides evidence to suggest that the greater the number of problems, the more likely this participant was to experience problems related to family violence, health, housing and employment. A breakdown of participants experiencing these problems identifies how they link their legal problem and “other problems” and also the impact of these interconnected problems on clients lives.

The following is a breakdown of how legal and other problems presented and impacted on the lives of participants. The “other problem” categories of “health” and “family violence” are used as case studies. Health problems were identified as the most common “other problem” amongst participants. Participants who reported problems related to family violence were identified as having the highest number of “other problems.”

4.3.4 Health problems

Those people who are most socially disadvantaged are most prone to have legal issues, whether they are criminal or a range of other things or family violence related..If you take health in its broadest context...whilst we struggle to ensure that they have got bread on the table and a roof over their heads any additional stress and worry is going to have a major impact on a person's well being and mental state.

Staff interview BCH - CEO

18 of the 30 (60%) clients surveyed identified experiencing a health problem. 9 (30%) clients stated they were experiencing a chronic physical or mental health condition, which impacted significantly on their everyday life. 7 (23%) clients identified they were experiencing significant mental health problems that impacted on their every day life.

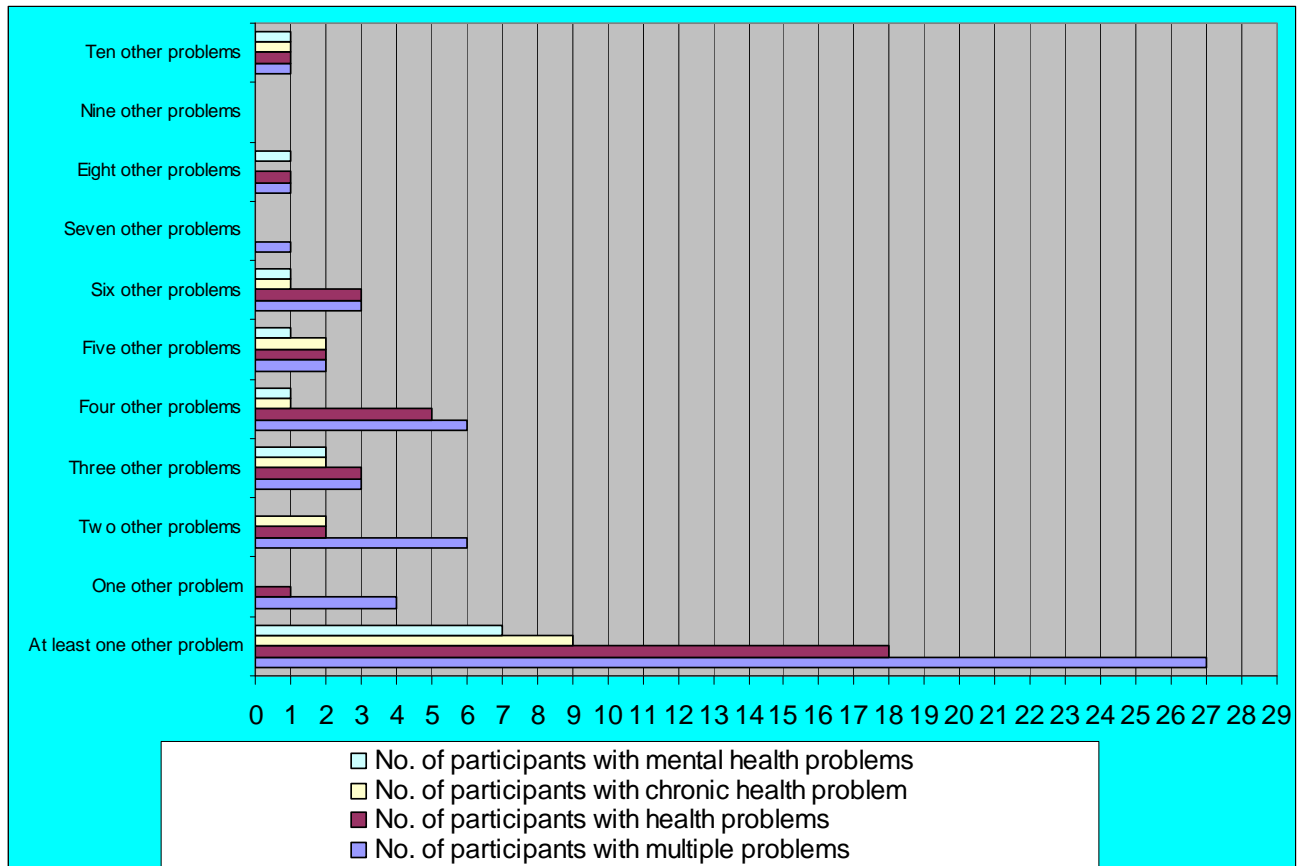
The 7 clients who identified experiencing mental health problems were all experiencing three or more problems other than their legal problem. The 9 participants who identified having a chronic health condition were all experiencing two or more problems other than their legal problem.

Many clients talked about feeling levels of stress and anxiety which were connected to not only their legal problem but the complex nature of many difficulties they were experiencing. Two participants who identified experiencing stress and anxiety who stated it was not significantly impacting on their ability to perform everyday tasks, but was present amongst a number of problems they were experiencing along with their legal problem.

The experience of these clients, captured in their interviews, demonstrates the link between legal problems and health problems and the negative affect each have on the other.

The client surveys identified the high level of complex problems experienced by the clients of WHCLS. They also demonstrate the impact such problems had on clients well being with many participants stating they were feeling either “stressed”, “anxious” or “worried”.

These surveys provide evidence that for many clients who present at West Heidelberg there are many things going on in their lives that affect the participants’ ability to access and engage in a service.



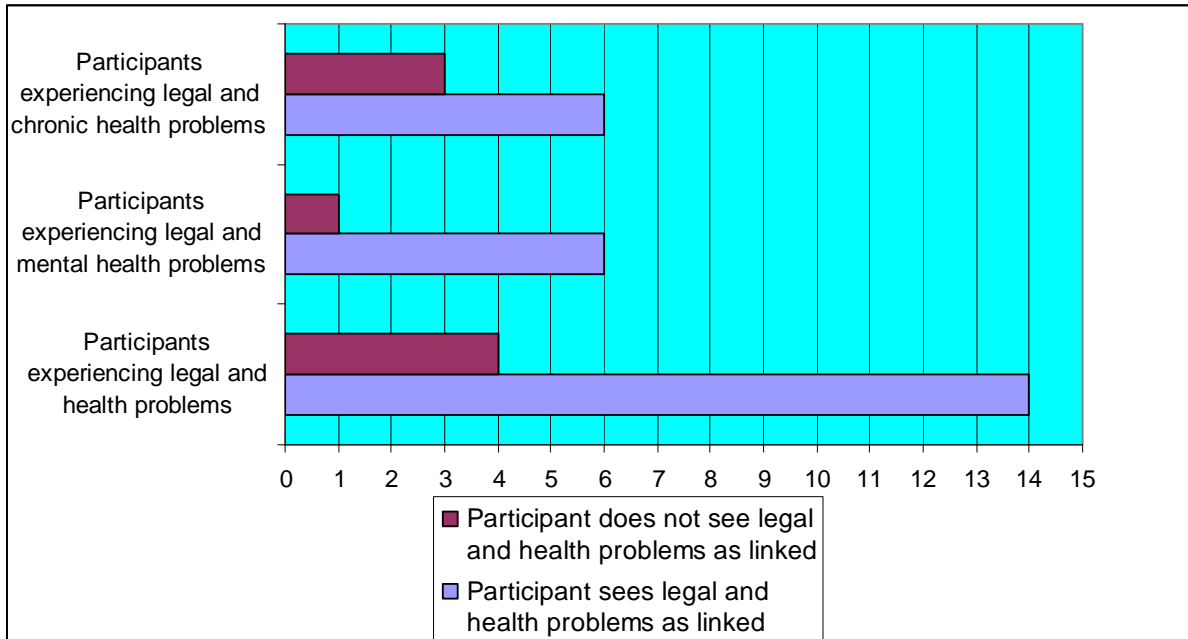
The 9 clients who identified having a chronic health condition were all experiencing two or more problems other than their legal problem. This is a significant level of ‘other problems’ though not as high as those participants experiencing problems with their mental health.

Some clients were experiencing a number of health problems, some had problems regarding housing and navigating the legal system. Those experiencing a combination of ongoing chronic health conditions and mental health problems or for those whose chronic health problem was a mental health condition, there was a higher number of “other problems” experienced. This was also the case for those participants experiencing chronic health problems and family violence and/or criminal charges. Once again the presenting legal need is broad ranging from criminal charges, traffic offences, family, neighbourhood dispute and a range of civil law issues. There were many things going on in the lives of these 9 clients; health problems, income pressures, housing and family/relationship difficulties, combined with a legal problem (ranging from criminal charges, accident and injury claims, neighbourhood disputes, family law) and significant levels of stress and anxiety.

The experience of clients with mental health and chronic health conditions, as detailed in the interviews, demonstrates the impact of health on the participants mobility and energy, on their income, their ability to access services and their available choices. In reverse, all of these things impact on a person’s health. Add a legal problem to the mix, and there is an undoubtable, albeit not easily quantifiable, impact on how the participant approached WHCLS, interacted with front office staff and the legal practitioner and were able to understand and act on advice that was given.

14 of 18 (%) clients with a problematic health issue saw their legal problem as linked to their health problem. 9 of these clients reported their legal problem led to a deterioration in their health condition.

A majority of clients saw their health problems as linked to their legal problems. 6 of the 9 participants with a chronic health problems saw a link between their health and their legal need. Participants who identified experiencing mental health conditions were more likely to see their health problem as linked to their legal problem – all participants except one saw a link between the two problems. (6 out of 7 participants).



Some participants saw their health problem as a direct consequence of their legal problem and, for a couple of participants the assistance they received from WHCLS contributed to the resolution of their health problem.

Two clients completed a follow up telephone interview four months after their first survey was conducted at WHCLS. The two participants identified their health problems as directly linked to a legal problem and of relatively low need. The health problems involved feelings of stress and relationship and financial strain relating directly to a civil law matter. After seeking assistance from West Heidelberg Community Legal Service, these feelings of stress were, (to some extent) resolved.

Legal and health problems and their resolution.

Client No. 5. Presenting legal need – problem with local government

First interview:
Client stated she was experiencing “difficulties with temporary health condition which significantly impacted on her ability to perform day to day task”. Client stated she is stressed and “is not sleeping” because of legal issues and its financial implications. Lawyer is writing a letter re. Legal problem and this is already making client feel better – client feels as though “someone’s on your side”

Follow up interview:

Client stated her legal and health problems were resolved. She was experiencing stress related to legal problems and potential costs. The support from West Heidelberg Community Legal Service helped to resolve legal issue and decrease stress levels client was experiencing.

Client Survey No. 18 Presenting legal need – Business problem

First Interview:

Client stated he had no other difficulties but that this legal problem was creating some stress

He felt less trusting of other people and the legal system to protect his rights.

Client stated that seeking legal advice was a strategy he used to deal with his stress

This has given him knowledge to know how to deal with legal problem now and if the same situation occurs in the future – this has given him the capacity to deal with it.

Follow Up Interview:

Client stated that his legal problem was unresolved and was unlikely to ever be resolved and so he tries not to worry about it anymore, although he is now less trusting of people.. He stated that at least his contact with the legal service let him know where he stands in the legal system – but this has increased his disillusion and distrust. He stated his contact with WHCLS was good but his contact with legal system was not good

Some participants also commented on how seeking legal advice assisted with resolving some of their feelings of anxiety and stress. This confirms not only the link between legal problems and health problems but also the impact that access to legal advice has on health and well being – sometimes the health remedy can be, or should at least, include a legal advice component.

The impact of accessing legal advice on relieving stress and anxiety.

Client survey No. 7: Presenting legal need – Consumer problem

Client did state that coming to WHCLS and attempting to resolve issue helps to alleviate feelings of stress

Client survey no. 9: Presenting legal need – family violence

The day prior to the legal interview, support worker came upstairs to see lawyer because client was with support worker and very distressed and anxious because of some legal correspondence she had received. Support worker knew lawyer would be responsive and so asked her to come down and briefly see client. At this stage, lawyer explained briefly the legal process to the client and her rights – and this explanation relieved some anxiety and stress. The lawyer made time for client to come and see her for a formal interview the next day and the appointment was for today. Client stated she “slept well that night”.

Client survey no. 19: Presenting legal need – criminal charges

Client stated he was “very worried up until today” and although “still anxious about what is to come” he is “now more aware of what might happen and that has eased the worry somewhat”.

Client stated it was good to have some “clarity” around legal issue because he was receiving “a lot of mixed advice from work mates and friends and he did not know the “purpose of their information or their source”. He stated this has led to him feeling more “stressed”

His interview with lawyer at WHCLS had diminished his stress and has emphasised with him the need to see appropriate services before you get too “worried” or “jump the gun”.

Client survey no. 20: presenting legal need – neighbourhood dispute

Client stated that he had “calmed down a lot” because he has talked to lawyer at WHCLS. He states “usually (he would) stew on things” but after he saw lawyer he feels calmer.

Participants experiencing problems with their mental health identified the link between their legal problems and other problems and their mental health as a complex and intertwined connection, with most identifying their legal problem as having a negative effect on their mental health. One participant identified their mental health problem as having led to their legal problem.

The link between mental health problems and legal problems

Client survey No. 3: Presenting legal problem – Accident/Injury claim – property damage

Legal problem worsened health, employment and housing problem

This legal problem has increased stress and anxiety, she states this stress has meant she is unable to work or consider looking for work. Client states she wants the person she states has caused damage to her property to be “responsible” for it. In a similar way in regard to her family violence experience – she states that the “person” responsible is not made to pay for their actions. She states “Australia, the country, is responsible and looks after people when something happens, but it is not very good at making people responsible when they do the wrong thing.”

This seemed to have an impact on her feelings of stress and something client talked about at great length.

Client survey no. 6: Presenting legal problem – Problem with the health system.

Legal problem has worsened health problems. Client states legal problem has caused significant stress. Client appeared stressed as he told of health problems and difficulties he had with medical treatment. When client first attempted to do survey with researcher he was unable to hear researcher adequately and so returned to WHCLS the next day with his wife. Client stated he wanted to tell about difficulties he’d experienced with his health and accessing justice for what he believed to be poor treatment. Client’s wife appeared upset at times and anxious as client spoke of his difficulties.

Client survey no. 13: Presenting legal problem – Criminal Charge

Legal problem worsened health problems. Client stated the legal problem has impacted on his health. He is experiencing significant anxiety and stress and ‘can’t sleep’.

Client made an appointment with medical specialist a couple of days after legal problem occurred because of health concerns as a result of stress from the incident. He states this is ongoing – he has seen his specialist a number of times after this because of stress related to legal problem.

Client states that legal problem has had enormous impact on his everyday life. Client stated “if he were not here (their) problems would not exist” – client was concerned regarding stress problem was causing his wife.

Client survey no. 17: Presenting legal problem – criminal charge

Mental health difficulties led to legal problem

Legal problem worsened mental health difficulty

Client stated that the “stress is unbearable” – around charges.

Client survey no.20: Presenting legal problem – neighbourhood dispute

Legal problem worsened health and housing problem

Legal problem has made it more difficult to live in his housing – flat is the size of the room we are sitting in and client feels he has to get out of his flat to avoid neighbour – can hear each other etc. Legal problem has negatively affected client’s health.

Client survey no. 28: Presenting legal problem – Accident/Injury

Legal problem has worsened health and financial difficulties

Client states this adds “more stress” to his problems.

Client survey no. 29: Presenting legal problem - Consumer

Legal problem has worsened health problems

Client stated that legal issue has created some stress and anxiety and feelings of anger. Client is unable to work because of health condition – wife is the only one working. The legal problem has affected them financially and client feels responsible for this.

Participants with chronic health problems stated the legal problem impacted on their health in a number of ways. For some the health problem caused the legal problem and the legal problem, in turn, exacerbated the health problem:

The link between chronic health problems and legal problems

Client survey no. 6. – Presenting legal problem: Problem with the Health system

Health difficulties have led to legal problem; Legal problem has worsened health problems

Client states legal problem has caused significant stress

Client Survey no. 17: Presenting Legal Problem – Criminal Charge.

Mental health difficulties led to legal problem

Legal problem worsened mental health difficulty

Client stated that the “stress is unbearable” – around charges.

4.3.5 Problems related to Family Violence

Problems related to family violence were identified by four participants in the client surveys. Three of these participants identified problems because of the experience of family violence. One participant identified as having an accusation of family violence made against him.

All of these participants listed at least four other problems they were experiencing alongside their presenting legal problem.

Three of these four participants identified having the highest number of other problems (one identified experiencing 10 other problems, one identified eight other problems and one identified seven other problems).

Client survey no. 3

Presenting legal problem - Car accident – property damage - involving dispute with neighbour

Client stated her housing and health and employment and family violence were linked to her legal problems. Client stated that her housing difficulties and experience of family violence led to her legal problem. Client would not be in transitional housing if not for her family violence experience and if not in transitional housing property she would not have experienced her current legal difficulty. Client stated her legal problem worsened her health, employment and housing problems. This legal problem has increased her stress and anxiety. She stated this stress has meant she is unable to work or consider looking for work.

One of the four participants stated family violence as their presenting legal need. Another participant stated 'parent abducting child' and 'parent of child who is a victim of family violence' as presenting legal problem. The two other participants stated their presenting legal need as relating to a civil law matter and a criminal charge, demonstrating that family violence may not present to a legal service as an identified legal issue.

Of the four participants who identified family violence problems:

- Three participants stated they were experiencing difficulties with their housing. One participant was experiencing difficulties with mortgage repayments, while two clients were living in transitional housing.

Client survey no. 3

Client is living in transitional housing in block of units where other units are owner occupied. She states she has been targeted and harassed by a neighbour.

Client survey no. 26

Client is living in transitional housing. Transitional housing manager wants client to move into boarding house, but he can't get access with children or spend time with children at home if he is living in a boarding house.

- Three participants stated they were experiencing health problems

Client survey no. 3

Client is experiencing significant stress and anxiety which she states is also affecting her physical health – she is “not eating”, feels it is affecting how she looks and feels about herself.

Client survey no.8

Client is not sleeping, feeling very stressed and “much anxiety”. She states she is also “not eating”. This has occurred recently as a consequence of legal problems.

Client survey no. 26

Client stated he suffers from arthritis that has been compounded by a work injury. Client stated he suffers from depression and anxiety.

- Three stated they were experiencing difficulties with employment

Client survey No. 3

Client is qualified in a trade but is unable to work because of stress caused by recent events in her life

Client survey No. 26

*Employment -Difficulty finding employment
Client stated this is compounded by the loss of his driver's licence.*

Client survey No. 1

Employment - Difficulty finding employment.

- Three stated they needed to access support for their children as a result of experiencing family violence
- Two stated they experienced difficulties navigating the legal system.

All participants could identify a link between the experience of family violence and other problems.

“Do you think (other problem) is linked to your legal problem?”

If yes, in what way?”

Client Survey 26.

Client stated that his family and grief issues are related to his mental health and alcohol use issues which are related to his employment and housing difficulties.

Client stated that his other problems led to his legal problem. Grief issues around his brother's death (happened in his childhood/early teens) led to the start of his alcohol use which led to violence and difficulties in his relationships. This has led to parenting difficulties and difficulties with access to children.

Client stated legal problem had worsened his difficulties with access to children.

Client Survey 1.

Client stated family problems and employment/financial problems were linked to his legal problem. The experience of family violence led to family problems.

Client stated that his financial and employment difficulties worsened legal problems because he was unable to access help.

Client Survey 3.

Client stated her housing and health and employment and family violence were linked to her legal problems Client stated that her housing difficulties and experience of family violence led to her legal problem. Client would not be in transitional housing if not for her family violence experience and if not in transitional housing property she would not have experienced her current legal difficulty.

Client stated her legal problem worsened her health, employment and housing problem. This legal problem has increased her stress and anxiety. She stated this stress has meant she is unable to work or consider looking for work.

This legal problem has made her housing more insecure and unsafe.

Client Survey 8.

Client stated her experience of family violence led to her feelings of stress, anxiety and need for counselling. She stated her legal problem led to feelings of stress and anxiety.

Client stated she is very anxious about court appearances. She is unsure what legal documents mean. Her legal problem has worsened feelings of stress and anxiety. Client is fearful of perpetrator of violence – she is fearful of what might happen.

The experience of these four participants illustrates how family violence impacts on and is impacted by other problems. The participants spoke of financial difficulties, family breakdown, housing instability and feelings of anxiety and stress negatively affecting their health and wellbeing. All participants stated these problems and their legal problem intersected, either in how they occurred or in how they continued to affect their daily lives, or both.

The lives of these four participants are complex and while it seems apparent that the experience of family violence is linked to a number of health, social and legal problems, each participant's problems presented differently. There is no linear or itemised list of issues. Rather it seems more like a ball of problems not easily categorised into problem types or solutions.

4.3.6 Observations on Complex Need

I don't think we often have a good understanding of what some people have to go through to manage on a day to day basis.....

Staff Interviews – Community Midwife

From the accounts given by the WHCLS clients to this study, it is clear that for many community members who present at WHCLS for legal assistance they are:

- Often experiencing other problems
- Often experiencing a significant number of other problems,
- Likely to be experiencing problems related to their health.
- Often experiencing problems with employment, family and relationships, income and navigating the legal system
- Experiencing a higher number of these problems if they are experiencing problems related to family violence and criminal charges.

Some clients commented on how seeking legal advice assisted with resolving some of their health problems related to feelings of anxiety and stress. This confirms not only the link between legal problems and health problems but also the impact that access to legal advice has on health and well being. It suggests that sometimes the health remedy can be, or should at least, include a legal advice component.

Most clients interviewed, identified a link between at least some, if not all, of their problems. There were many things going on in the lives of the clients. These issues included health problems, income pressures, housing and family/relationship difficulties combined with at least one legal problem and often significant levels of stress and anxiety. Participants did not usually perceive their problems as single problem entities or even linear problems with a definable beginning and end. Rather the way they described their situations, was more like a ball in which the clients, particularly those with a large number and intensity of legal, health and social problem, seemed to be tumbling around in, attempting to manage bit by bit.

Client's problems impacted on their health, mobility and energy, on their income, their housing stability, their available family and social supports, their ability to access services and available choices. With a legal problem in the mix, there is an undoubtable, albeit not easily quantifiable, impact on how, or if, a community member approaches WHCLS, interacts with front office staff and solicitors and is able to understand and act on advice that is given.

4.4 “The one stop shop” – the collocation experience

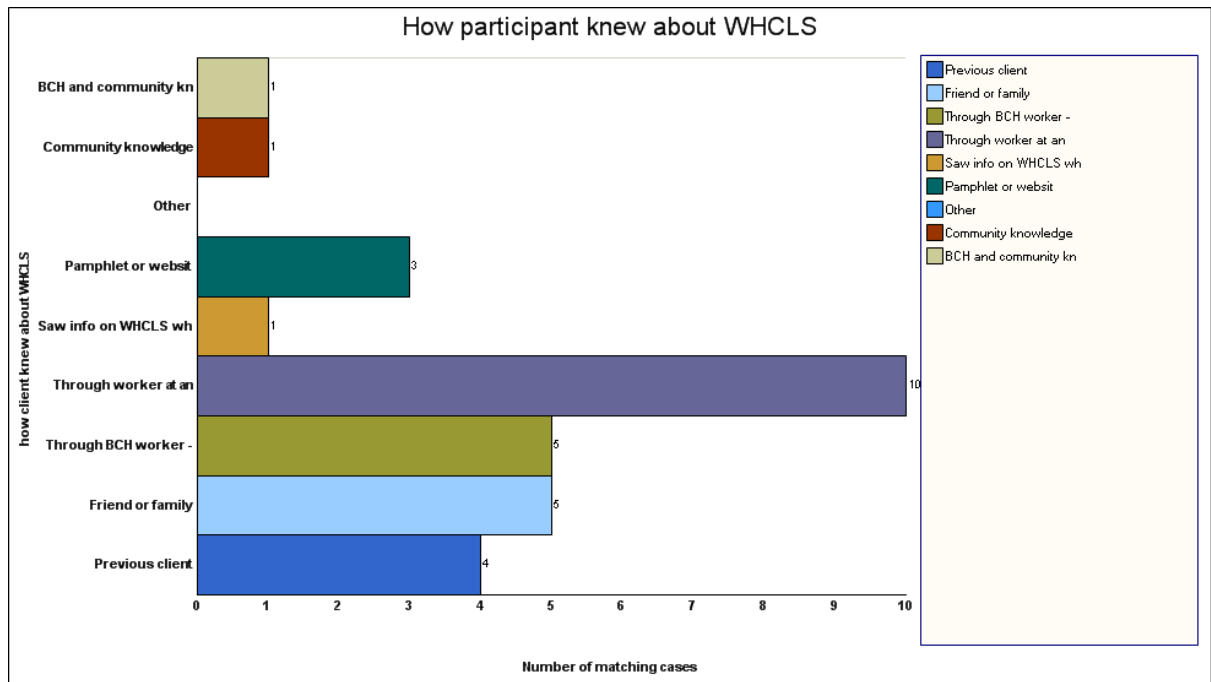
As indicated above, most WHCLS clients had problems other than the legal one they sought assistance with. Many of them had health and a range of welfare issues. WHCLS is collocated with BCH that provides a range of health and welfare services. The WHCLS client survey participants were asked whether they had any contact with BCH. This question was asked to identify whether clients were using a multiple number of services at BCH and WHCLS.

Half of the WHCLS client participants (15) stated they had some contact with BCH programs or services and half stated they did not.

WHCLS client survey participants were also asked: “How do you know about WHCLS?” This was done to identify the referral pathway of clients.

- 20 of the 30 participants stated they heard about WHCLS through another service including BCH or through previous use of a service
- 10 of the 30 participants stated they heard or were referred to WHCLS from another organisation other than BCH. 9 of the organisations were other legal service organisations such as other CLCs, legal aid, tenants union, a union and the Law Institute. One participant was referred through a community mental health support agency.
- 10 participants came to know about WHCLS through contact with WHCLS in the past or current contact with BCH - 5 participants were referred through Banyule Community Health, 1 participant saw information while attending a BCH program and 4 were previous clients of WHCLS.
- 7 participants knew through local community knowledge - 5 participants stated they were told by family and friends and 2 knew about WHCLS through local community knowledge.
- 3 participants stated they had seen information through a website or pamphlet

Section 4 Clients & Local Community



These findings show 17 participants identified their problems as a legal one and contacted either WHCLS or another legal organisation for assistance. (one of these CLCs made an appointment on behalf of the participant). 7 participants identified their problem as a legal one and knew about WHCLS through community knowledge, family and friends, or being around the community. 6 participants presented to another service and were assisted in their referral by a support worker.

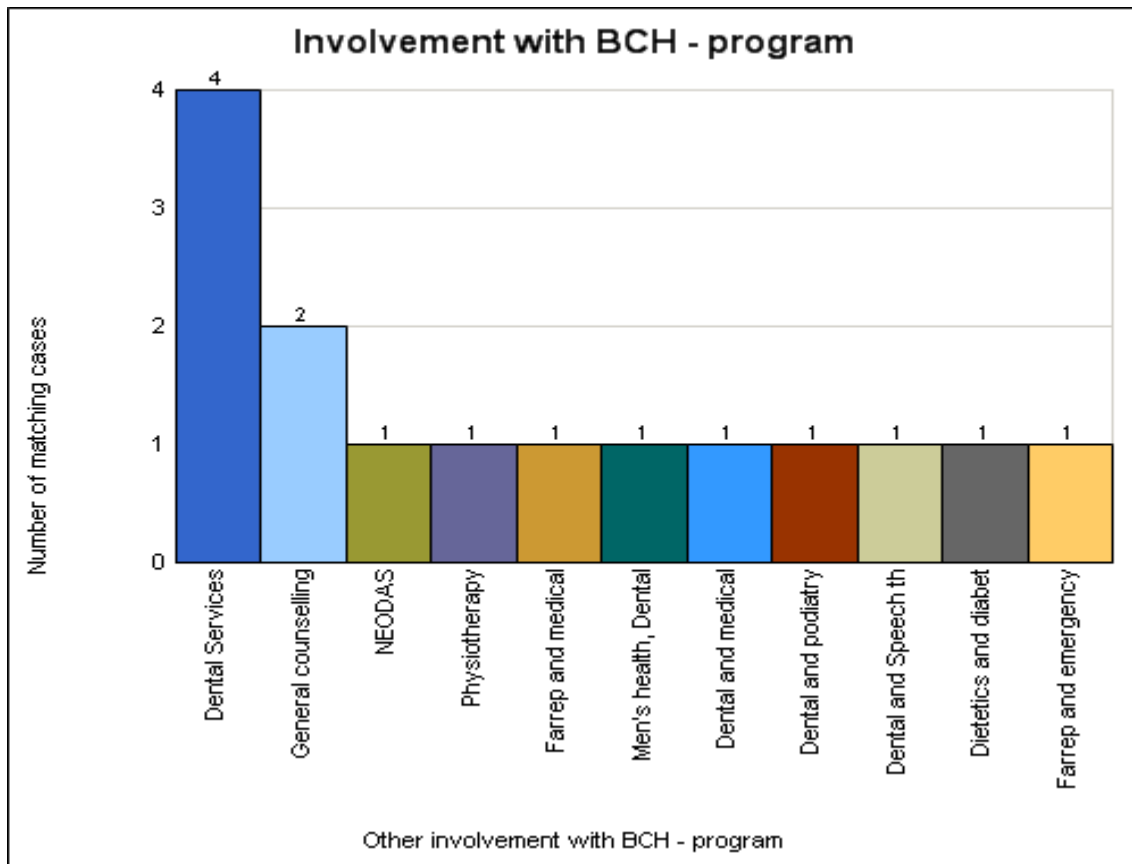
18 out of 30 participants had experience of being in the BCH building. In addition to the 15 participants who stated they had contact with BCH services, 3 participants stated they either knew of WHCLS through being around BCH and the local community, they saw information about WHCLS while in BCH or were a previous client of WHCLS.

In addition to this, 5 participants stated they knew about WHCLS through family or friends. 3 of these participants stated they had not had any contact with BCH programs or services.

21 participants to the survey either had experience of BCH, past experience of WHCLS or knew someone who had experience of the service.

The BCH programs the 15 participants had contact with were varied.

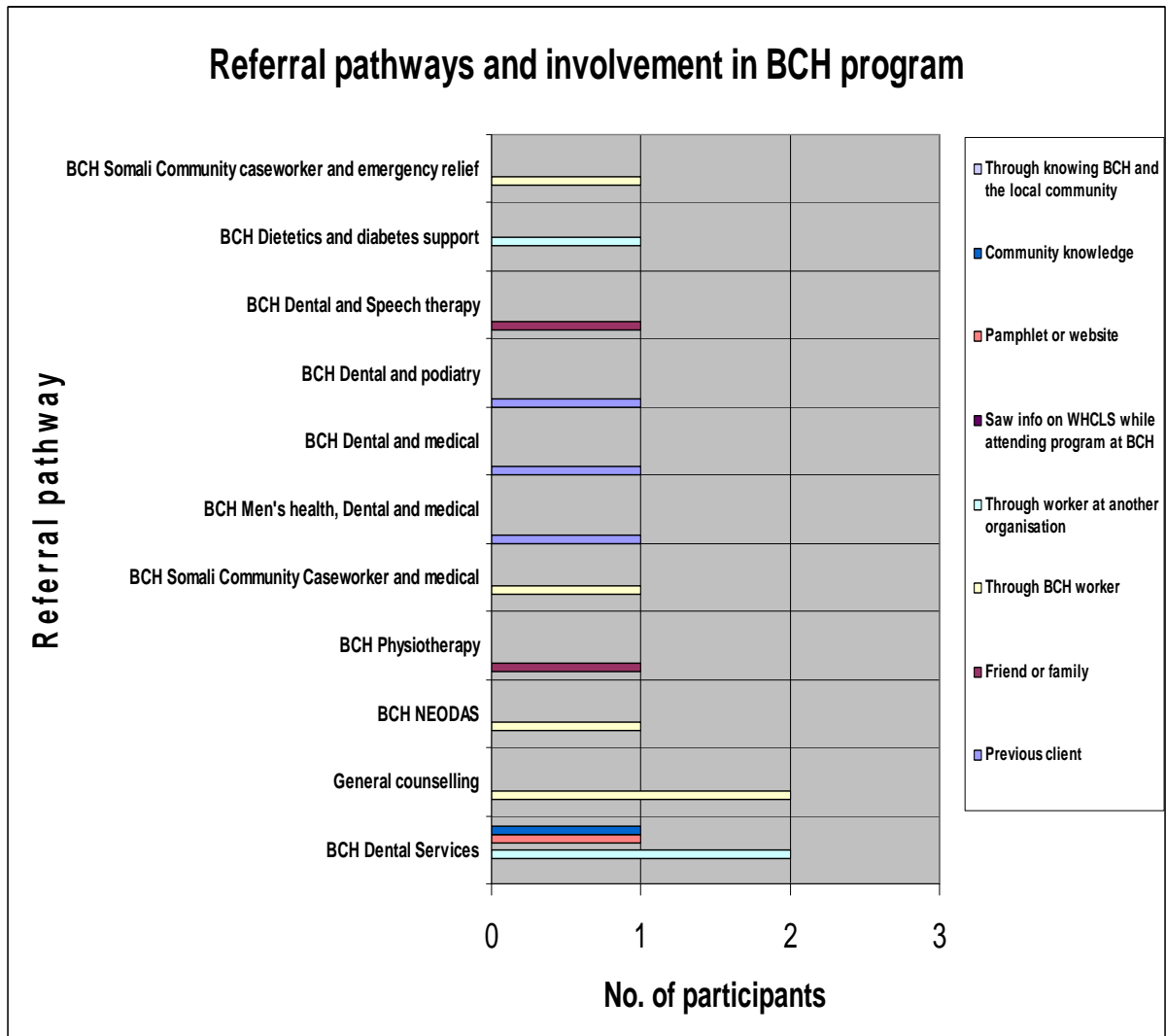
- Contact with dental services was highest with eight participants having contact - four (4) with dental alone, one with dental and speech therapy, one with dental and medical, one with dental and podiatry and one with dental services, men's health and medical services.
- Three participants had contact with medical services. They all had contact with other services – one with dental, one with FARREP (Somali community caseworker) and one with Men's health programs and dental.
- Two participants had contact with general counselling and two participants had contact with the Somali community caseworker.
- One participant had contact with physiotherapy, one with NEODAS, one with dietetics and diabetes education, one with speech pathology and one with podiatry.



The clients interviewed used a varied range of BCH services, but were more likely to have used dental or medical services.

The following is a breakdown of those clients who stated they had contact with BCH and how participants came to know about WHCLS

- 5 participants who had contact with counselling services, the Somali community caseworker and NEODAS (Drug and Alcohol counselling) were referred to WHCLS by their BCH support worker.
- 8 participants who had contact with the dental service stated they were not referred or knew about WHCLS through this service. They stated they found out about WHCLS through various means: another organisation referred them, being a previous client, family and friends or being in local community.
- 6 participants who had contact with medical services and allied health services stated they knew about WHCLS through other means than these BCH programs and services.
- Three of the four clients who stated they were previous clients of WHCLS had contact with BCH medical services, dental services, podiatry and men's health.



This indicates that participants were likely to be referred to WHCLS from counselling and community programs for a legal problem. Legal problems (and their possible remedy) either were not present when participants used BCH medical, dental or allied health services or they were not discussed when the WHCLS client presented at these services. Clients were not made aware of the legal service or how to access it through these services. Participants who were past clients of WHCLS were more likely to use BCH programs and services than not use them.

Many staff research participants spoke of the impact of the collocation of WHCLS within BCH. Staff identified the existence of physical barriers to appropriate service access exist for some community members. The collocation of WHCLS and BCH was seen to assist in reducing these barriers.

Staff Interview – BCH GP
The one stop shop is so much easier to deal with than having to find your way in 3 or 4 different sites, 3 or 4 different lots of workers, it is a big advantage to be able to come in and say I need to have my teeth done, I need to have my medical needs attended to, I need to get my fines sorted out, and we are in terrible housing perhaps we could see someone to help us manage the rent so we could pay a little more rent.

Staff Interview - WHCLS solicitor

It is really handy for people to come to one place and have series of things available to them at the one place. It is a bit like the shopping centre...

Staff Interview – Somali community case worker

Co-located is always advantage ... cuts down the travel ... service coming to the community is very handy, one stop shop...when you come to me ...then you can go upstairs and use the legal (service) ... you can go in the corner and use Olympic adult education, you go into dental, GPs, physio...

Staff interview – WHCLS reception

Well it's a one stop shop isn't it? I think people are more likely to attend the other services if they are all in the one building. Generally they are just so happy that someone is actually helping them, they're desperate for the appointment downstairs or ... I think people are more open to it if it is all in the one place. If you start making appointments here there and everywhere, I think most of our clients would probably miss an appointment or they would forget about it or they just couldn't be bothered or its too far on public transport.

Staff Interview – Community Nurse – chronic disease

The service being co-located ... someone comes to see the podiatrist and if they have a legal issue they can be directed upstairs

4.4.1 Relevance of collocation for community

The WHCLS client surveys indicate:

- Contact with counselling and community programs services at BCH led to a greater chance of being connected to WHCLS rather than others like medical, dental or allied health services and programs.
- Participants who had a past connection to WHCLS usually had a connection to BCH services and programs and
- “Word of mouth” – family and friends, knowing and living in the local community is an important influence on service awareness and access

It is not collocation alone that provides access to services. WHCLS clients who had contact with BCH Dental services (8) and participants who had contact with medical services and allied health services (6) stated they did not know about WHCLS through these services. There is no evidence to suggest that the legal problem of participants was present, or spoken of, at the time they accessed a service through BCH medical, dental or allied health services.

However, the experience of the participants to the WHCLS client surveys correlate with findings of the staff online survey which identify these programs and services as having a lower rate of referral to WHCLS than BCH counselling and community services and programs. The reasons for this could lie in the focus and nature of work and professions involved in each of these programs and services. This will be discussed in further detail the next section of this report

These findings indicate service awareness of WHCLS is not generated from these BCH programs and services despite the evidence that WHCLS clients predominantly use these BCH services and programs. There appears a potential to further grow awareness amongst community members of WHCLS through these services, particularly dental services.

Even if WHCLS clients were not referred from a BCH program or service, many were, at the very least, familiar with the building and had some experience of being there to receive a service.

Participants who knew WHCLS from previous experience were more likely to use BCH services and programs indicating they were aware of the services provided, the building and other workers.

Most participants came with multiple problems, half had personal experience of being a recipient of a BCH service or program and most at least knew the centre or were told about it through a community member they know. This indicates knowledge of, confidence in and ultimately access to integrated services is far bigger than addressing presenting problems or referral assistance provided by individual workers or services. For those involved in the provision of community based services (and perhaps even broader), it indicates every person who walks through the door of an organisation walks out as an advertisement, good or bad, based on their experience. This experience has a ripple effect on how the community engages with that organisation – who decides to come and who decides to come back. For those people who have limited service choices due to lack of income, mobility, confidence and ability, there remains one choice – to seek help or not seek help. Implicit in the power of the community to refer or not refer themselves is the concept that as a result every service, program or worker within an integrated service model has a vested interest in ensuring quality of their own and every other service or program. For example

Staff Interview – Somali community caseworker

the legal service before this year was not that helpful....people talk to each other...the ripple effect ...when a bad thing happens to one person, they do talk to each other and boycott the whole service ... the staff themselves can make a big impact on how people approach that service ... especially when people ... don't have much confidence ... they have this traumatic experience background ... they don't have the confidence to say this is my right ... they think that everything they are getting ... its a charity ... people are feeling pity for them ... they do not say this is my right give it to me ... they don't believe that ... they believe, I have no right in here, I should not even be here

4.5 Referral processes for clients

“Sometimes you find that people are passed from one part of the system to another without getting anything resolved”

BCH - GP

As noted above clients were referred to WHCLS from a range of sources. The research discussed in section one, reveals that individuals suffer from referral fatigue, are often on a referral roundabout and often give up seeking advice. The clients interviewed for this research clearly did not give up but were able to navigate the systems and get an appointment at WHCLS. The process of referral for clients is explored in this section.

4.5.1 Legal referrals

Twelve participants identified their problem as a legal problem and sought assistance through a legal service. For some, the pathway was simpler than others. All demonstrated an ability to navigate the service system to access legal advice.

Four (4) WHCLS clients went through at least two other organisations before they got to WHCLS for legal advice. All of these participants had no involvement with BCH.

“How do you know about WHCLS?”

Client Survey no. 1 – No involvement with BCH

Through a pamphlet or website.

Centrelink Referral Pamphlet had legal aid number and they directed client to WHCLS

Client Survey No. 3 – No Involvement with BCH

Through a website – rang Preston Legal Aid and they gave the number for WHCLS.

Client survey no. 18 – No involvement with BCH

Worker at another organisation told you about it

Client rang Union, they put him on to Community LC's and they put him on to WHCLS

Client survey no. 23 – No involvement with BCH

Worker at another organisation told you about it

Therapist suggested she see a lawyer. Client rang women's legal aid who put her on to the Federation of Community Legal Centres who put her on to Women's Legal Service who put her on to WHCLS.

Eight participants were referred from another legal or rights based service organisation. Two of these participants had contact with BCH. The contact was with an allied health program and one with dental services

4.5.2 Non legal referrals

14 participants identified their problem as a legal one but the pathway they took to seek advice was not initially to a legal service or organisation. Some came to know about the legal service through family, friends, community knowledge and some were assisted by workers from another organisation, some of these workers were from BCH. These 14 participants did not know how to go about finding a solution to their problems without first seeking some advice or assistance from a non legal source. Some participants accessed support to not only obtain a legal interview but also to attend their legal interview.

Seven clients were community informed, either through family or friend or through living in the community. These participants largely had no involvement with BCH. Two of the seven participants had contact either with allied health services or a family member having contact with services. These participants pathway to WHCLS appeared simple. For example,

Client survey no. 2 – No involvement with BCH

Through a friend or family member

Client has been in local community for a long time – knows of service. One of his friends had been to WHCLS in the past.

Four (4) participants stated they were assisted by a worker to make a referral to WHCLS. All participants had contact with BCH services and programs. Two with the Somali Case Worker and two with dental services. The Somali Case worker

assisted with referrals for participants. The two participants who had contact with BCH dental were assisted by another external organisation to make referrals. Two of these participants were accompanied to their appointment by their support workers. One participant was accompanied by his mental health support worker who worked for an external organisation. One participant was accompanied by the BCH Somali Case worker

“How do you know about WHCLS?”

Client survey no. 8 – BCH involvement with Somali Case worker

Worker at another organisation made a referral/assisted you to make an appointment on your behalf BCH – Farrep worker (Somali Community Worker)

Client survey no. 16 – involvement with Dental services

Worker at another organisation made a referral/assisted you to make an appointment on your behalf Coburg Legal Service made appointment for them

Client Survey no. 21 – involvement with dental services

Worker at another organisation made a referral/assisted you to make an appointment on your behalf Worker from Hawden St Clinic (mental health service – Austin Hospital)

Following is an account of how the participant supported by the Somali case worker came to know about WHCLS.

Client survey no. 8

The day prior to the legal interview, support worker came upstairs to see lawyer because client was with support worker and very distressed and anxious because of some legal correspondence she had received. Support worker knew lawyer would be responsive and so asked her to come down and briefly see client. At this stage, lawyer explained briefly the legal process to the client and her rights – and this explanation relieved some anxiety and stress. The lawyer made time for client to come and see her for a formal interview the next day and the appointment was for today. Client stated she “slept well that night”.

The two participants were involved with a BCH program but not referred by their worker.

In further analysis of each of these participants' pathways, each participant, to some extent, directed their own service access to WHCLS while being assisted by their BCH supports.

- One participant had accessed counselling at BCH but decided it was no longer helpful to her at the time because she was not ready for it. Her counsellor had informed her of the legal service and its possible assistance with some of the problems she was facing. The participant had made her own appointment with WHCLS once she ceased with counselling services
- One participant had an established relationship with a BCH drug and alcohol counsellor who advised the participant to make an appointment with WHCLS for a legal matter pending. The indication from the participant and the WHCLS lawyer was the counsellor would be in contact with the lawyer in regard to this matter.

4.5.3 Self Referrals

The four participants below had previous contact with the legal service and self referred themselves to the legal service.

“How do you know about WHCLS?”

Client Survey no. 20 – Involvement with BCH medical, dental and men’s health programs

Previous client of WHCLS; Worker at BCH told client about it

Client survey no. 26 – involvement with BCH counselling services

Previous client of WHCLS; Counsellor at another service; Counsellor is previous employee of BCH; Counselling services

Client survey no. 27 – No involvement with BCH

Previous client of WHCLS; Client as a youth

Client survey no. 28 – Involvement with BCH dental and medical

Previous client of WHCLS

Two of the four participants presented as engaged with support services who had good relationships with the staff at WHCLS.

- One participant made his own ‘emergency’ appointment with WHCLS. This participant was known to the legal service and WHCLS staff. He also knew BCH staff and was involved in a number of services and programs. He was considerably stressed by his legal problem.
- One participant appeared very confident with lawyer and spoke of having an established relationship with him and of a relationship that existed between the lawyer and his counsellor.

Client survey no. 26

“Client stated “they know each other”. Client stated lawyer will organise the brief, talk to supports and “tell him the plan”.

One participant and his family were known to the solicitor of WHCLS, though not engaged with BCH services. The last participant seemed not to be well known or engaged in BCH or WHCLS services, even though he had used services at both organisations.

4.5.4 Referral summary

Identification of a problem as a legal one leads all of these participants to WHCLS. Their ability to access a service relied on either their persistence and ability to navigate the service system (this was easier for some than others) and the support they received to do so. Participants came with varying levels of support need and the pathways they took to get to WHCLS to receive a service differed.

12 participants accessed assistance from WHCLS through gaining information from another legal service on where to go for help. For some participants, this involved contacting 3 or 4 different agencies. A higher number of participants accessed WHCLS after only one contact with another agency, while a smaller number had multiple contacts with other agencies.

14 participants accessed assistance for their problem through first seeking advice from a source other than a legal or rights based service. Some accessed their own informal supports; family, friends and the community. Some accessed formal supports such as community workers. For those participants who were referred through community workers, these supports were often important in facilitating access to WHCLS. However, this was done in various ways. For some, a worker

came with a participant. At other times, the worker gave information about the service and helped the participant to identify the link between their legal problem and other problems and the participant made contact with WHCLS themselves. Both of these approaches assisted participants to access legal advice for their legal problem.

Finally four clients accessed assistance through their own previous experience and established relationship with WHCLS.

4.6 Identifying problems and solutions: role of client and community.

“We know that clients do not know their legal rights. We know that they do not know how to identify a legal problem”.

WHCLS Director

The identification of problems and their solutions by community members influences their service access. Community members need not only awareness of services and ability to access services, they also need to be able to identify the relevance of that service to their problems. Their understanding of their problem influences the services they approach for help, when they approach them and how they approach them.

All the WHCLS client participants identified their problem as a legal one, through various means, and accessed assistance through WHCLS.

However additional data gathered for this research demonstrates the community experiences justiciable problems which are not presenting as legal problems to WHCLS. In particular the online staff survey asked BCH staff to identify common legal or rights problems of client and community members that presented to BCH programs and services. As detailed above, the ten most common areas identified by staff respondents were: credit and debt problems, government benefits (Centrelink) problems, government services problems for elderly or disabled, problems with health system, tenancy problems, criminal charges, victims of crime, victims of family violence, family law issues and problems with the legal system.

In contrast, the statistics on matters handled at WHCLS demonstrate family law issues, traffic offences, criminal matters, immigration and wills and probate matters are the matters most commonly seen by WHCLS. Specifically the data for six months at WHCLS showed.

- 46 Family matters were seen, including divorce matter, child contact matters and child protection matters.
- 22 matters related to traffic offences
- 21 matters related to criminal offences
- 19 matters were seen relating to immigration issues, including refugee and asylum matters
- 19 matters related to wills and probate
- 18 matters related to motor vehicle accidents
- 11 matters were seen in regard to credit and debt issues
- 10 matters related to consumer issues
- 8 matters were seen relating to tenancy issues
- 7 matters were seen relating to family violence
- 6 matters related to neighbourhood disputes.

- A number of other various matters were seen including two related to government benefits matters.

Several of the ten most common legal issues identified by BCH staff, tenancy issues, government benefit(Centrelink) problems and issues with government services are not matters dealt with by WHCLS on a regular basis.

Amongst the presenting legal problems of WHCLS clients surveyed general crime (6) was the most common, followed by consumer law issues, family law (4), traffic offences and will and estate problems (3). The clients interviewed did not present to the legal service with housing and Centrelink benefit issues, problems with government services for the elderly or disabled, problems with the health system (although one WHCLS client participant did present for this reason, problems with the health system are not reflected as a common matter seen in the six month data on matters seen at WHCLS), problems with the legal system or with problems related to victims of crime experiences.

There may be several reasons for the incongruity between the ten common legal problems identified by BCH staff and what clients actually seek assistance for from WHCLS. One explanation could be that these problems do not involve the community members facing immediate legal action or having to respond to court proceedings (as they do for criminal matters, fines or family matters). Alternatively, problems to do with Centrelink, government services or health system are not identified by the community as legal problems or relatedly, WHCLS is not identified as a service to go to for resolution of these problems.¹⁶ In section 5, it is shown that often BCH staff do not identify these problems as legal or not identify WHCLS as a place to go for assistance with these problems.

4.6.1 Challenge in identification of problems: a housing example

In the 'ball of problems' that many clients surveyed experienced, housing was one strand. The issue of housing provides a good example of how if a problem is not identified, the legal and other dimensions of it cannot be explored and assistance, legal or other, not provided.

Six client participants identified they had a housing issue but housing was not their presenting legal problem to WHCLS. The housing experiences of clients included homelessness, transitional or public housing. In their own accounts, the housing problem contributed significantly to their legal problem. It seemed that if the housing situation could be improved then it might assist, if not solve, their presenting legal problem. Their housing problems may have had a legal remedy. However, the participants did not explicitly ask WHCLS to assist with their inappropriate housing nor did WHCLS provide any assistance with the housing issue.

Two participants stated this problem was not discussed in their legal interview because they did not think it was relevant or appropriate to discuss with the lawyer. They also stated they felt they could manage this problem on their own while stating they had 'given up' or felt there was nothing further that could be done about this problem.

Client Survey No. 3

¹⁶ For further discussion of the lack of awareness of social security payments as a legal issues see Noone M A & Curran L., (2008) 'Access to justice: a new approach using human rights standards' 15(3) *International Journal of the Legal Profession*, p195 – 229.

Presenting legal problem: Car accident – property damage (dispute with neighbour)

Other problems experienced: Problems related to the experience of family violence, housing, employment (not being work ready), mental health, human rights – discrimination based on ethnicity, problematic gambling requiring support

Client was living in transitional housing after experiencing homelessness due to family violence. The transitional housing was in a block of units where other units were owner occupied. She states she was targeted and harassed by a (male) neighbour. Client states she does not want to move because daughter has settled into school and is stable for first time in months. It is difficult to access another transitional housing property in same area, with reasonable access to school. Client stated she would not be in transitional housing if not for her family violence experience. If she were not living in a transitional housing property she would not have experienced her current legal difficulty (property damage).

Client stated she did not discuss her housing (or her health) problems in her legal interview because she did not think it appropriate. She stated she “can’t do anything about this” – her daughter is settled into school for first time in some months and so she does not want to move out of the area. She is not able to work at present (and so is unable to rent privately)

Client feels able to manage this problem but will seek further supports if necessary and has accessed some supports for this problem. Client was not interested in accessing any more help. She felt she had exhausted services and they could not do much more. She just needed to wait. This applied to housing and her emotional health, which is linked to her employment and financial issues.

Client stated lawyer gave some information regarding possible supports for family violence issues. Client was coming back for another appointment.

Client Survey no. 28

Presenting legal problem: Accident/Injury – property damage (car)

Other problems experienced: Problems related to past injuries sustained in an accident, employment (finding employment), legal system, ongoing chronic illness, unsuitable housing.

Client was living in unsuitable housing requiring support or advice to find more suitable housing. Client had experienced homelessness in the past (used crisis accommodation options and sleeping rough) and has been on Office of Housing waiting list for 8 years. He is currently living with a family member. This is not ideal, but prefers this to living in crisis accommodation and sleeping rough. He has tried to access support to get more adequate housing but states he has “given up”.

Client stated he saw his legal problem and other problems as linked because his legal problems led to financial difficulties which made his other problems worse. Client accessed support from solicitor and project solicitor at WHCLS to address legal issue with insurance company. Both solicitors supported client to deal directly with this legal problem himself and to call the insurance company from a WHCLS office. Project solicitor told client to call him in the future if he need further support with this matter.

Client stated none of his other problems were discussed during his interview. Client did not think it was relevant to discuss this problem.

He stated he felt able to manage this problem but will seek further supports if necessary.

Two other clients stated their housing problems were discussed with the lawyer because they saw it as appropriate or relevant to their presenting legal problem. However, no suggestions were made in regard to resolving their housing problem other than solutions offered to their presenting legal problem.

Client Survey no. 4

Presenting legal problem: Wills/estates

Other problems experienced: Housing

Client was living in Office of Housing property with her four children. She stated it is overcrowded. Client states she has talked to Office of Housing regarding a transfer but they have told her that “she has a backyard for the children to play in” and so is unable to apply for a priority transfer. Client was seeking legal assistance on whether she could access the trust funds of her children (from her deceased partner’s estate) to buy a house.

Client stated her overcrowded housing has led to her legal problem (need to access children’s trust fund). She stated that she and her lawyer “touched on” the subject of her inappropriate housing during her legal interview. She stated she mentioned the problem because she thought it relevant to her legal problem. Client stated no strategies were suggested in regard to her housing situation but the lawyer will look into accessing the trust.

Client survey no. 20

Presenting legal problem: Neighbourhood Dispute

Other problems experience: Problems related to housing, health – chronic physical (heart, lungs, hip and back) and mental health conditions, ongoing disputes with neighbour

Client was living in Office of Housing and stated he would like a transfer. He referred to his flat as a “dog kennel”, and stated there is no room to do anything or to have any friends over to visit. All he can do is lie down on a bed, but after a while this hurts his back. (Client had a number of medical conditions)

He does not call it a home, does not like it and when night comes he feels flat because he has to go back to the “dog kennel”. When he has difficulties with his neighbour this makes it even worse. Client stated his legal problem (dispute with a neighbour) had made his health and housing problems worse.

He does not feel like going home. He would rather “sit down at the creek at night or go to a mate’s house”. Client stated he used to have a dog and this made his home better but his dog passed away. He cannot get another because it causes too much trouble with neighbours. He also stated he had difficulties getting Office of Housing to do repairs and his problem with neighbours impacted on his ability to live comfortably in his own home. Client states that every couple of months he has an argument with a neighbour and then it cools down and then it flairs up again Client stated his legal problem has made it more difficult to live there. His flat is the size of the room we are sitting in and client feels he has to get out of his flat to avoid his neighbour as they can hear each other etc. Client stated his legal problem has negatively affected his health.

Client stated he talked about his housing problems with the lawyer in his legal interview. He stated lawyer brought up the issue. Client stated no strategies were suggested in regard to his housing but that he had “calmed down a lot” because he had talked to the lawyer at WHCLS. He states “usually (he would) stew on things” but after he saw lawyer he feels calmer.

One participant stated he did not expect WHCLS to assist with his housing problem at present because it was already assisting with a couple of court matters. He also stated he had not prioritised this problem and was working on solving other problems first. He stated he would ask for assistance with his housing at a stage when he felt it was appropriate and when he was ready to deal with this problem.

Client survey no. 26.

Presenting legal problem: Criminal Charge

Other problems experienced: Problems related to family violence (allegation made against client), traffic offences, education (concerns for children), Employment – difficulty finding employment, health (physical and mental health chronic illness), grief issues, problematic alcohol use.

Client is living in transitional housing. Transitional housing manager wants client to move into boarding house. But client will not get access with children or spend time with children at home if he is living in a boarding house.

Client stated that his family and grief issues are related to client's mental health and alcohol use issues which are related to his employment and housing difficulties.

Client stated he discussed his housing problems with his lawyer in his legal interview (along with his problems regarding parenting, family relationships and alcohol use). He stated both he and the lawyer raised the issues because they both saw them as relevant to his legal problems Client stated they "know each other". Client stated lawyer will organise the brief, talk to supports and "tell him the plan".

A follow up interview was conducted with this participant. He stated that his legal issues were ongoing and further charges may be pending.

Client was still living in transitional housing, looking for Office of Housing, and is hoping for help from Melbourne Affordable Housing. He stated his Family Court issues rely on him obtaining permanent and appropriate housing for children to be able to stay with him. He stated WHCLS and Drug and Alcohol Counsellor have coordinated to help with his criminal and family court matter. In regard to his housing problems, there is only a certain amount they (WHCLS and drug and alcohol counsellor) can help with – client stated he was a big enough burden and did not like to ask for anymore than he needed. He will be asking for help with housing in the future but needs to prioritise what he needs help with and asks for that first.

None of the above participants presented to WHCLS about their housing even though their housing problems contributed significantly to their legal problem. The participants did not explicitly ask WHCLS to assist with their inappropriate transitional or public housing, and their housing was only discussed (if at all) in relation to their presenting legal problem. It is likely that a resolution of the client's housing problem would assist, if not solve, most of the participant's presenting problems.

All clients stated they identified a link between their presenting legal problem and housing problems. However clients either:

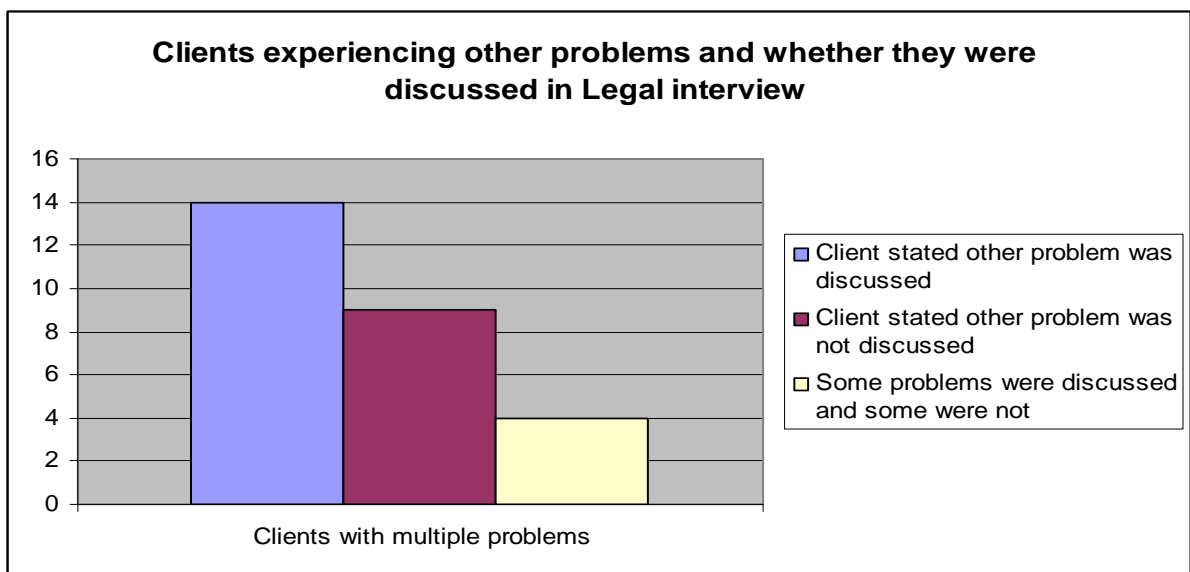
- did not identify their housing problem as a legal problem or
- did not identify WHCLS as a service to help with this problem or
- did not think it appropriate to seek assistance from WHCLS for this problem at this time or
- had given up on finding a solution to this problem or
- had not prioritised this problem as one that needed to be dealt with as yet

4.6.2 Identifying service solutions

Clients were also asked about other problems they were experiencing that were not necessarily legal in nature. This was to identify, not only if a participant was experiencing other legal problems they did not identify as legal in nature, but also to see:

- if participants were experiencing other problems in addition to their legal problems,
- if participants saw a link between their legal problem and other problems and
- if they asked for assistance with these other problems when seeking legal advice at WHCLS, that is, did participants identify WHCLS as a place to go for general assistance.

The previous section demonstrated that most participants were experiencing multiple problems and stated they saw a link between their other problem and their legal problem. However, many did not see a link between the service solutions for these problems.



14 participants stated their other problem was discussed in their legal interview. (12 of these participants identified a link between their legal problem and other problems.). The 14 participants were then asked if they brought up the problem or if the lawyer asked about the other problems. 10 participants stated they initiated discussion on their 'other problems' because they thought they were relevant to their legal problem. (2 participants had support workers with them who also talked about other problems). 2 other clients stated the lawyer asked about other problems. 2 participants stated they and the lawyer brought up the other problems together. 2 participants were previous clients of WHCLS. In these instances, the lawyer either asked about the participants "other problems" or the lawyer and client spoke about them together.

This suggests participants, in the main, initiated when and if 'other problems' or needs were discussed in their legal interview. For the two participants where rapport was established between the lawyer and client, the lawyer initiated or at least contributed to discussion about the clients other problems or needs.

10 of the above 14 participants stated they were linked into supports for these problems. 6 participants were linked into BCH for support. In the interviews of

WHCLS lawyers they were asked if they knew whether the client was linked into other supports. WHCLS were aware of supports for 7 participants.

- 6 participants were linked into BCH supports. Two of the participants were supported by the Somali caseworker. Two participants were supported by BCH Drug and Alcohol counsellors. (One participant was supported by a drug and alcohol counsellor who had recently left BCH. The participant continues to attend counselling with worker at other agency.) One participant had just ceased support with BCH counselling services and one participant was supported in a number of BCH health programs....
- 1 participant was supported by an external mental health service and the participant attended the interview with his support worker.

The above data indicates even when participants 'other problems' were discussed in their legal interview this did not mean participants discussed the other supports they received and agencies or workers with whom they were linked. However, when participants were involved in BCH programs and services it is more likely the WHCLS lawyer will not only know they are linked into supports but will also know the worker who is supporting them. This indicates there is a better chance WHCLS will know community members better when they are linked into both BCH and WHCLS.

13 participants stated all or at least some of their problems were not discussed in their legal interview. 7 participants were linked into supports. None of these participants accessed support for their other problems from BCH.

For those problems not discussed in the legal interview, participants were asked why these problems were not discussed. The following 9 participants all identified a link between their legal problem and other problems

Reasons participants who saw their other problems as linked to their legal problem did not mention this to their lawyer

Client survey no. 1. Presenting legal problem: family law. Other problems: Employment/Financial. Receives support from external support agency

Client did not think it was relevant to mention problem. Client is not linked into any supports for these issues although he has made an appointment for counselling.

Client survey no. 3. Presenting legal problem: Accident Injury . Other problems: Housing, the experience of family violence, employment, financial, problematic gambling and health. Receives support from external support agencies

Client did not think it was appropriate to talk about her housing and health problems. Client is linked into family violence support agency, transitional housing program and private GP and psychologist.

Client survey no. 6. Presenting legal problem: problem with health system Other problems: Health

Reports were read by lawyer on health condition but client's health was not discussed. Client has a GP he has seen twice for medication. This GP is not aware of his medical history.

Client survey no. 7. Presenting legal problem: Consumer problem. Other problems: Health (stress) and family (problems related to becoming a carer).

Client did not think it was relevant. She stated she was able to handle problems on her own. Client did ask researcher about the services at BCH and was given a brochure on services – a carer's support program was pointed out to her. Client sees legal problem and other problem as linked

Client survey no. 18 – Presenting legal problem: Business problem. Other problems: Health

Client did not think it was appropriate. Client is not linked into any supports.

Client survey no. 21 – Presenting legal problem: Family, contact with children. Other problems: mental health and traffic offences. Receives support from external support agency.

Client is already linked to support for problems (support worker attended legal interview)

Health and financial issues - Client did not have time to talk about these – other issues were more pressing.

Client survey no. 23 – Presenting legal problem – Accident/Injury other problems: consumer problems, credit and debt, employment, Government Benefits and freedom of information and health. Receives support from external support agency.

Client did not have time to talk about her health and financial problems. She felt her other issues were more pressing.

Client survey no. 24 – Presenting legal problem – Family Law other problems; Centrelink and family problems

Client did not think it was relevant or appropriate as he did not see his legal problem linked to other problems.

Client Survey no. 27 – Presenting legal problem – Traffic Offences. Other problems: debt problems

Client did not think it was relevant

Client survey no. 28 - Presenting legal problem – Accident/Injury other problems: Health, housing and financial difficulties.

Client did not think it was relevant

There were four clients who did not see their legal problem as linked to their other problems.

Client survey no. 12 – Presenting legal problem: Traffic Offence. Other problem: Credit and debt problem – another fine. Receives support from external support agency.

Client feels able to manage this problem and did not think it was relevant.

Client survey no. 16. Presenting legal problem: Will. Other problem: Health and consumer problems (paid for something they did not get) Receives support from external support agency

Client did not think it was relevant and did not see legal problem as linked to other problem

Client survey no. 24 – Presenting legal problem – Family Law other problems; Centrelink and family problems

Client did not think it was relevant or appropriate as he did not see his legal problem linked to other problems.

Client survey no. 29 – Presenting legal problem: Consumer problem. Other problems: Health problems and problems with the legal system – (VCAT). Receives support from external support agency

Client is linked into supports for health and did not see this as relevant. Client did mention experience with VCAT as he saw this as irrelevant.

A significant number of clients, who had multiple problems related to their legal problems, did not identify WHCLS as a place to seek advice on the resolution of problems other than their presenting legal problems. 9 participants who did not talk about their other problems in their legal interview stated they did not think it appropriate or relevant to do so. This was despite the fact 7 of these participants identified their legal and other problems as interconnected and 5 of these participants were not linked into supports.

The data also indicates participants were more likely to have their other problems discussed in their legal interview when they were linked into BCH supports. 10 of the 14 participants who talked about their 'other problems' were linked into supports. 6 of these participants were supported by BCH. 7 of the 13 participants who did not talk about their other problems were linked into supports, none of these supports were from BCH.

When a participant was involved with BCH, the WHCLS lawyer was more likely to be aware of what is going on in a client's life and who is supporting them than when they are not involved with BCH. The influence of workers and organisations knowing each other appears to have a considerable influence on the WHCLS client. This may be because the client feels more comfortable to talk to the WHCLS lawyer or it may be that the awareness of a client the WHCLS lawyer gains from another worker enables them to draw out issues or problems more easily. (This is discussed further in the next section).

Nearly half of the participants who identified "other problems" did not mention their other problems to a lawyer, even though a majority of participants could identify a link between their problems. This was noticeably so for participants who were not linked into BCH programs and services. This indicates familiarity with the two organisations assists with community members discussing a range of problems with a WHCLS lawyer; problems they identify as both legal and non-legal, and usually interconnected.

Data collected from staff interviews also highlighted clients often did not know a matter is a legal one or if they do, they do not go to a lawyer for help. A good example of this is the client survey participant discussed in the previous section who presented to the Somali case worker in a very frightened state in regard to legal documents. Even though her letters were legal in nature, she presented to her caseworker to assist her to understand them. BCH staff interviewees talked about other examples of this.

Staff Interviews – BCH community caseworker

a classic case was a lady who was absolutely distraught, never been in trouble with the law before ... and suddenly she got a fine, because of her dog ... this lady was not sleeping, it had just taken her whole life over. She was there that day to see the

doctor about her stress ... so I said it was a good idea to keep that appointment but after that do you want to come and knock on my door and I will see you and I can introduce you to the legal people ... and they will be able to talk to you further ... and that is basically what happened

Staff interviews – BCH Chronic disease nurse.

The client's carer came to the centre ... she asked for me because she did not understand the documentation and she was confused about having to sign paperwork on her husband's behalf. I was the main contact for this family going in to see this gentleman ... (it was) quite lucky that the right people were in the building on the day and I was able to access the senior solicitor here and we were able to sit down and sort out the paperwork and the client left a couple of hours later and was able to do everything she needed to get her husband placed into care ...

4.6.3 Identifying problems and solutions summary

The identification, or not, of problems and their solutions by community members has an impact on services accessed and referrals. In order to access supports and services community members need to;

- Identify they have a problem
- know about services
- be able to identify the relevance of that service to their problems
- be able to physically access the services
- have the confidence to raise problems and ask for help
- have the expectation and confidence in the service to act on that request.

If these factors are not present for a community member, it seems less likely they will seek assistance with legal problems and their interconnecting problems, regardless of their point of contact.

The more connected a community member is to WHCLS and BCH the more likely it is their problems will be discussed holistically in a legal interview. It is also more likely the WHCLS lawyer will know the support program and worker connected to the community member.

4.7 Confidence, trust and respect.

“Familiarity does not breed contempt”

WHCLS solicitor

“It’s hard to open up to strangers”

WHCLS reception

The previous sections have looked at the type of legal and other problems the community presents with to WHCLS and BCH, if they accessed assistance for these problems and the pathways they took to get assistance. In this section we examine the factors that facilitate or impede the community’s involvement in integrated services.

It has been noted, previously, how awareness of services combined with a physical convenient location assists with community access. In addition the physical access, many staff interviewed also referred to how collocation contributes to the community feeling comfortable about using a service. This seemed particularly so for members of the community who were wary or lacked confidence to access services. Staff spoke of people:

- not feeling as though they had the right to access a service

- being overwhelmed or confused by too many services in different places
- experiencing referral fatigue or too many knock backs
- having bad experiences with services that affect their trust in services
- benefitting from staff's ability to walk a client to the legal or health service or attend an appointment with them.
- not fitting easily into service driven criteria
- meeting appointment time
- accessing services to make appointments by themselves
- needing time to develop trust and confidence in a service or worker.

For these community members, collocation of services enabled some of these barriers to be overcome as it allowed workers to support clients to access other services.

If you can pave that way for them beforehand, that the person they are seeing whether it be a lawyer or GP or whatever, if they are aware that person is a little apprehensive then they will make (a) little bit more effort to be friendly, to make them feel comfortable. It makes a huge difference because every little movement, every little thing that is said they weigh up ... "that person did not like me" ... whether it is true or not is irrelevant, this is how they feel because they are so insecure and so vulnerable ... some of the clients we have ... one of the clients that comes to mind ... a young girl, it was her partner who had the legal issues ... she was a stroppy little thing, I adored her ... but it was really useful for me to pave the way for any service provider she saw to say "she comes across with a bit of attitude but she is really a very vulnerable little girl, who is very insecure"....

BCH Community Midwife

WHCLS reception:

Definitely, they feel comfortable...a lot of them their issues...it's very hard to open up to strangers about ... somewhere where they feel comfortable ... and for most of them it is close to home.

The counsellors will bring clients up here and say "I have just seen this client and I think she may have a legal issue"... it's what we call a warm referral. The worker actually brings them up, they meet us, they make the appointment, while the worker is standing there, we give them a card and you can see the person feels much better if someone actually helps them. Because a lot of people won't approach a legal service - they find it very intimidating. So if another worker brings them up they feel much better Especially if it is a counsellor or someone telling them look I think you have a legal issue, you can see they feel a lot more comfortable.

People tend to open up a lot more if they have been with someone else in the building, feel like they have backup...because I am at front desk, some people won't talk about their issues because it is such a public space but if they have a counsellor there you can see they feel a lot more confident to tell you what's going on... It's very hard to judge when people won't open up ... you can see someone people can hover sometimes and they are just too scared to come up and make an appointment

BCH community worker

... if (a person) comes in for a crisis appointment it is only a short appointment - 15 minutes - you are trying to cope with the crisis which is the immediate thing but also want to address those other things that are impacting on them ... so it is often a case

of ... making another appointment to come back, or refer them that day to the legal service ... with some people, when they have got their need that is when they really need the help and want it addressed with other people, because we are all different, they're not ready for us to address their need...you need to work with people when they are ready ...

On line survey response – BCH staff member – counselling team

I refer clients to WH legal service because it is convenient and I generally get a quick response. Also because I have had some good outcomes with WH legal Service. Saves extra hassle and stress for my clients who tend to have complex issues and are quite disempowered already. Then they don't have to go elsewhere and start all over again with their story. Sometimes because I have seen them for a few sessions I have a handle on their story and can then relate it quicker to save the Legal eagles the time of sifting through a client's story.

Meeting with dual diagnosis project worker – BCH

Being able to walk someone to a service is a major benefit – for people who are vulnerable or wary of services – a worker being able to walk a client to a service/program and introduce them, show them or make a referral to a service for them adds to the clients comfort level

For some people when they have to wait in strange environments to be seen by someone new, this can increase level of anxiety a client may already be experiencing. Access and comfort is important for vulnerable people in accessing services – collocation of services adds valuably to this

The staff comments illustrate the need for a level of comfort and confidence before some community members can access or approach a service for assistance. This can take time to develop, particularly for community members experiencing a number of problems and who might be particularly vulnerable. This has implications for the delivery of integrated services and programs. Improving access involves developing trust with those who need to access a service.

WHCLS client participants were asked at the end of their survey, what they thought of the service they received from WHCLS. All participants, except one, stated they found the service helpful or very helpful. Comments participants made were:

Client stated she found lawyer very understanding and felt reassured that she was going to get help.

Lawyer is writing a letter regarding her legal problem and this is already making client feel better – she feels as though “someone’s on your side”

Client stated “it was good to know someone’s looking into (legal problem) and (they were) not on (their) own”

Client stated he was “very worried up until today” and although “still anxious about what is to come” he is “now more aware of what might happen and that has eased the worry somewhat”. His interview with lawyer at WHCLS had diminished his stress and has emphasised with him the need to see appropriate services before you get too “worried” or “jump the gun”.

These comments indicate most participants were happy with the service they received from WHCLS and this assistance helped them to feel reassured their problem was in good hands. The results demonstrate WHCLS is held in high regard by the participants who accessed their service. This high rating of trust may be attributed to good quality service. All clients were allocated interview times of up to one hour. However, it may also be impacted by the fact that this is a free service for otherwise expensive, and thus inaccessible, legal advice and assistance.

4.6.1 Relevance of Trust

Most of the staff interviewed spoke about the important role that trust by the community and clients plays in provision of integrated services. Trust was said to be essential for providing good services to the community, particularly for vulnerable and socially excluded members of the community.

Staff members spoke of the transfer of trust between workers. The trust one worker has developed with a community member is transferred to another worker when a referral is made by the trusted worker. This was often seen to be facilitated by the collocation of services, but more so by workers knowing and vouching for the other service and its staff and the owning of the services as belonging to or being part of each other.

WHCLS Solicitor

the community centre has a level of trust and respect in the community and that washes over us..and the ease of access..we are physically situated in a community service organisation which is a symbol that legal issues are part of the community's welfare they are not separate...I think it is because we are just here

BCH Community Midwife

you do try and match client with service provider, I know you are not meant to do that....but I know when a client will suit a (worker)

BCH Community Nurse – Chronic disease

I don't see the service as collocated I see them as part of us as part of Banyule Community Health ... Just the fact that with community centre and having the legal service on site, you have people come through the door, and they come through not necessarily with legal problems but with other health related issues and its then through building a rapport with the health worker, these issues are uncovered and because the services are here I think it can be dealt with a lot quicker than if it was off site ...

BCH – Community Case worker

Client's do say (that they feel more comfortable with the legal service because relationship is established with the community worker)...also one of the things that I have personally valued in the work with the community is that you can have that ongoing working relationship with the legal people and the client's aware of this and you can endeavour to get the client the help and support that they need ... we have had clients who are linked in with child protection and clients who have D&A [drug and alcohol] issues...often they just feel that no one is going to help them or listen to them ... once they can see that there are two sides of the ledger and we are wanting to support them and help them...

WHCLS lawyer

somebody came to me because another professional in this building said I was ok, full stop, complete trust.

WHCLS - Director

the trust the individual has with the lawyer, they trust them to refer to somewhere that is going to be good and I think that works in reverse with the health service as well

WHCLS lawyer

there is an immediate transfer of trust...they trust me and then if I say here is X and I trust them to give you a good service then trust is established.

BCH – Somali community worker

I am the first contact point for them...and then I send them to other places.

Many of the community members who access support from WHCLS do not access services easily and do not have many service options. Some clients' life circumstances mean they are not able to address all problems at once. They may be unable to meet access requirements eg. having to travel to an appointment, having to meet strict appointment times, having to meet required eligibility criteria.

Clients come with fears of: losing what little they have or being denied essential services; the power of institutions, organisations and workers themselves (feelings of not being liked by staff, feeling unwelcome, feeling unable to cope in unfamiliar or intimidating buildings, not being understood, not knowing where to go and having to ask questions).

For some vulnerable or socially excluded clients to obtain an integrated service response, certain essential supports need to be available. Providing these clients with information or making referrals is not enough. For some clients it takes time and flexibility by the worker to build a client's trust in and understanding of workers, services and systems and in their own right and ability to engage or use such services. Workers and services need to be able to walk clients through the process at a pace and in a way that suits them and increases their understanding and confidence. Establishing trust with vulnerable or socially excluded community members is essential to assist them with multiple and complex problems.

The transfer of trust between workers in facilitating access for community members to services was illustrated in WHCLS client interviews. The two client participants who came through the Somali caseworker were examples of this, in particular the participant who became very anxious after receiving legal letters. The client participant who stated he knew the lawyer and the lawyer knew him and his counsellor trusted he, the WHCLS lawyer and counsellor would work together to help resolve his problems. Through the trust established in staff who the participant considered responsive and effective, the participant developed, to some extent, a sense of place and belonging. This participant knew where and who to go to when he needed help - a place he trusted to respect him and help him.

4.8 Engaging and understanding the community.

“How do you create a sense of belonging, sense of community, sense of place?”

BCH CEO

The benefits of community members being engaged and participating in solving problems is illustrated in this research. The clients who were familiar with workers and the organisations, were more confident and comfortable about discussing their problems and seeking help were the clients with a sense of belonging and trust. If the community do not engage with workers and the services they are seeking assistance from, they expect little more from services than to become recipients of services only.

There are examples in this research of clients and community needs being identified holistically, of community members feeling as though they belong and of the two organisations working together to meet the needs. There are also examples of community members being disconnected from services, community problems that are not identified holistically and the organisations not working together to meet the needs of the community.

There were also examples of when participants were not only engaged with workers in the organisations, but engaged with the organisations themselves. The following participant is an example:

Client participant no. 20

Client's neighbour has taken an intervention order out on client. It is not usually case that WHCLS would take on because client is a local community member and case involves another community member but client is known to WHCLS and BCH and could not get legal advice elsewhere so WHCLS squeezed him in for an appointment Client stated he felt like 'his head was going crackers, like a migraine, thumping and hurting' when he received intervention order. Client stated his housing creates a lot of stress too.

Client is thinking of seeing a psychologist at BCH or doctor because he is feeling "paranoid".

He has also received help from BCH Emergency Relief worker in regard to transfer with OoH and BCH – Medical Services in regard to health.

Client uses BCH Men's health projects and states he goes to men's shed and it "takes the stress out of me" as does "riding his bike". He states this helps him to get rid of his stress.

Client indicated he would use either counselling service or medical service at BCH in regard to his stress and the effect it is having on his health. Also stated he uses the men's shed and people there as way of reducing stress levels.

This experience contrasted with other WHCLS participant experiences where participants did not seem engaged with supports. When client number 28 presented to WHCLS, he was not well connected with supports for his problems. He received legal assistance for his presenting legal problem, but was not connected to any other supports to address other problems he was experiencing.

Client survey no. 28

Client was involved in car accident in past in which he suffered significant injuries and from which he continues to suffer pain that impacts on his ability to do other things – such as some work opportunities.

Client has experienced homelessness in the past (used crisis accommodation options and sleeping rough) and has been on Office of Housing waiting list for 8 years. He is currently living with a family member but this is not ideal. He prefers

this to living in crisis accommodation and sleeping rough. He has tried to access support to get more adequate housing but states he has "given up". Client sees Austin Hospital and a GP service. This he state is mainly for pain management relating to significant injuries sustained in a car accident in the past. Client states his legal problem adds "more stress" to his health and financial difficulties

Client stated (at the end of his legal interview) he still feels a bit confused. He wanted the matter "sorted" because it had been "hanging over his head". He stated he "does not want to let it go" because "people shouldn't be able to get away" with it. He is "trying to do the right thing and others get away with doing the wrong thing". Client stated this "brings you to breaking point, you want to give up, (you) get angry".

Client expressed a lack of faith in services to help him and in society in general. His presenting legal problem was dealt with and participant's contact with service and assistance appeared to end.

The role of community ownership and participation in integrated services was spoken of by a number of staff participants. It was seen as essential to engage community members in general, but particularly those who were wary of services and socially excluded from participation in many aspects of society. This is achieved by various mechanisms. One identified approach was effective, accessible, responsive and flexible services that developed trust within the community through good outcomes. As in some of the participant examples above, the community recognised either WHCLS or BCH as somewhere to go when they needed assistance.

BCH Community programs manager

I think we need to look at the outcomes of clientswho get their issues dealt with in a way in which staff are able to communicate with each other ... we see terrific outcomes for people who have that holistic service delivery model ... connection to the community is improved by the range of services they have access to those holistic services centres.

A case that was in court today - the connection of the client to both the legal service and health service ensured the client got a good response from the legal service....they were listened to by the lawyer, their anxiety and concerns about upcoming matters were able to be managed, for the client their anxieties were put at ease for a period of time...they knew they were able to trust the person who was going to represent them ... because of the personality of the lawyer ... the longevity of the commitment between the legal service and the health service .a solid institution in the community ... trusted the relationship ... it gave both parties permission to talk to each other, it meant that in regard holistic care their were discussions happening between the client and the support workers, the client and the lawyer, and the lawyer and the support workers ... it will lead to the best possible outcome for that person and that's where you can start to look at savings to the community, they are difficult to quantify but if those things aren't managed well we do not know the costs of the fall out from that

Another approach to encourage community ownership and participation was connecting with the community in ways other than service delivery. This involves avenues that allow community members to be active contributors, with something to offer and a place to belong, not just recipients of services. It also involves understanding and responding to the needs of the community so they can participate in services and programs.

BCH and WHCLS respect for, and engagement with, the community was identified by the research through things such as the employment of a Somali caseworker at BCH, BCH community reference groups¹⁷, use of interpreters and a physically accessible building, and the collocation of a community legal service and a community health service.

Connecting with, and knowing, the community was identified by staff interviewees as important in developing trust and engaging the community members who access the services, making them feel welcome within an organisation and reflecting their needs.

WHCLS solicitor

when people in a community feel they know somebody not just professionally, but personally, they like the place more ... it is neglected actually.

Some staff spoke about the impact when services do not make community members feel welcome.

Somali Community Caseworker

It damages their self esteem, it makes them feel like they are not welcome here....and that impacts on their ability to establish well. They come from a different type of problem to a different type of problem, they just don't start living...smooth lives, ...some people regret - "why did I ever come here, it was better to manage in the war.. the chances of being hit by a bullet its very limited to the chance of being here, that psychological damage, you feel like you don't belong here no matter how long you live here, you are always marginalised and disadvantaged.

Connecting with the community was also seen to be important in identifying and meeting the needs of those members of the community who are not coming through the door to access services and programs. WHCLS staff participants talked of the impact of a "Human Rights Training" program delivered by WHCLS. They stated this helped to engage the community to identify their legal or rights problems. This training was run through contact with BCH community groups and encouraged contact by community members to WHCLS on rights matters for which they previously were not accessing assistance.

WHCLS – Reception

I think about the Human rights Charter. (the Director) did some training on that, with clients and staff. And it really empowered people ... say it was a housing issue and they had applied for private rental and they had been knocked back and under the charter there are reasons why you cannot be knocked back. She gave them the information and they could use that to say hang on, if you refuse us you are in breach of the charter and it has actually changed some decisions.

There were some examples of WHCLS and BCH staff identifying community need and attempting to work together to engage the community and address this need.

¹⁷ BCH Quality of Care report 2008/2009

BCH Management – Online survey

(Question: Why do you refer to WHCLS?)

To discuss the HFL (Health for Life) program (Chronic disease clients) and how legal services may be of benefit to some of the more complex clients (with multiple issues)

BCH Community Nurse – Online survey

(Question: Why do you refer to WHCLS?)

To discuss the connection between chronic disease and legal issues. To discuss the link between clients with complex health needs, disability and legal issues. Often there are issues where clients can not move ahead with their health needs as legal issues are circulating their life and they are unable to deal effectively with all needs. There have been others - health issues and legal issues. Clients often require advocacy to support their needs.

BCH Financial counsellor – Worker diary

14.05.09 – Contact with Principal solicitor WHCLS. An informal catch up to discuss a community problem – prepaid funeral plans - possible law reform project.

BCH Emergency relief/Community caseworker – worker diary

29.06.09 – Contact with WHCLS Director. Organised meeting by WHCLS to discuss WHCLS VCAT Inquiry submission. Information provided on community and worker's experience of VCAT.

WHCLS – Director – worker diary

11.05.09 – Contact with Forensic Counsellor. Discussion in passing regarding a community legal education issue. Worker given information on Youthlaw website and request made for legal service to produce a “know your rights” resource and training on human rights charter

18.05.09, 21.05.09 and 27.05.09 – Contact with Neighbourhood Renewal worker. Discussion in corridor and then in organised meeting on community development and community legal education and strategies services/programs to be jointly provided.

However, some staff participants spoke of a lack of engagement with the community. They felt community members and staff were more united in the past, there was less of a divide between community and staff and there now existed a lack of real contact with community other than that which is prescribed by policy statements on “consumer participation models” or “community capacity building” or “client focussed services”. There was a limited capacity to identify what the local community needed, wanted or could do.

BCH CEO – Staff Interview

Through case works come policy. You see a problem that is magnified 50 times and you think there is a fundamental problem here. That is not happening anymore ... it's the diversity, it is systemic. There's no time now for people to sit down with somebody and become familiar with those people and understand (their) family ... that time has passed ... its better to see some people than nobody...but the connection between this organisation and the community ... the divide is getting bigger and bigger the intellectualising of the social model of health suggests it is a very good model ... the old West Heidelberg Community Health centre had a different

social model of health ... it extended it to a social relationship of health ... there was a non-contractual relationship with this community

BCH – Community midwife

I think as an organisation we don't get enough consumer feedback...we also need to rethink how we provide our services...we tend to make the same mistakes...with health promotion programs, women's health, we continue to run programs that people do not come to, we run some groups that work really well here and other groups that do not work well here...its a bit of an alien concept to service delivery (outings and craft groups etc)...so we need to work out what is going to bring the community that we really want to access into the organisation.

WHCLS - solicitor

it is neglected actually. We have had public activities in the past ... that have worked fantastically well where people have been able to come out of character ... it is essential that we ... have opportunities to meet where we are not across a desk

4.9 Points of conflict.

Conflict is very much present in the lives of the community with whom WHCLS and BCH work. Conflicts exist with service systems which have significant power over the lives of members of the community. These conflicts can inhibit the community's access to adequate housing, income, health care, welfare and justice. Community organisations that work from an access to justice and a social model of health agenda need to address these conflicts. An integrated service delivery model works more efficiently if such conflicts are addressed not only at an individual level but also at a community level.

Developing a sense of community belonging and trust is a difficult task, particularly when the community faces significant disadvantage characterised by a number of conflicts with service systems, lack of opportunities and sometimes conflict within the community. WHCLS and BCH staff and clients highlighted problems with public housing, Centrelink, the legal and health system, government service systems in this research. There is also the added issue of limited knowledge of how to identify and resolve these issues.

Staff interviewees also noted the lack of confidence or power community members often felt in coming forward with rights or legal problems.

Staff interviews – BCH chronic disease nurse

they are quite reluctant to act legally in a situation even if they are aware of their rights...for example the rails being put in a private rental property. They are reluctant to progress with that ... (because they are fearful of losing their housing) ... or it might even be the fear of dealing with the landlord themselves ... they would be reluctant to use a legal service...or the complaints process, if a client complains to me about something they were not happy with at the Austin or Banyule Community Health ... you can say that there are channels, you can put a complaint in writing ... they are always quite reluctant to do that ...

There is an inherent conflict to manage when organisations work simultaneously for the community and are funded by the government, whose systems wield significant

power over that community. The fight for adequate income, housing, access to services is at once personal and local as it is political and systemic. This becomes more complex when the provider of vital services, such as government institutions like the public health system, Centrelink and Office of Housing, may also be part of the problem.

Two community organisations working together to resolve these conflicts and provide good outcomes for their community requires those organisations to manage these conflicts at a number of levels, including at times, with the government bodies which fund their services, This will be further discussed in other sections of this report.

At the local community level, the management of these systemic conflicts requires organisations to not only be able to integrate service solutions for the individual community member, but also develop solutions for the community as a whole.

Conflict within the community itself, particularly family and neighbourhood disputes, also presents challenges for integrated service delivery. All the lawyers interviewed raised this issue.

Issues raised by lawyers on conflict in the community and working with another community organisation.

There is an ethical dilemma of representing one community member against another – over and above the professional conflict of representing a client against a client who has been client of legal service in the past – there is also the organisational conflict. Community members may be alienated from using the Community Health Service as they see that service as 'representing' the other party. BCH and WHCLS are often seen as one service - some community members may then feel alienated from using the services and programs of BCH because other party is being represented by the legal service – thus preventing them from access necessary health and social services and programs.

This was also seen as a concern in regard to family law matters. If WHCLS was to take on family law - (and would as a result represent more women in the community than men) - this may alienate or restrict men (or other party) from using the community health service - particularly so if intervention order in place. As community centre is a service used by many West Heidelberg residents some of whom have limited access to health and community services this may unfairly impact on them accessing necessary services.

The conflict of family law representation as a factor influencing integrated service delivery between workers is discussed further in the next section. Within the community it is an area of need. Family law issues and neighbourhood disputes have a ripple effect causing a number of community problems. Resolution of these community needs through an integrated service delivery model highlights the difficulties of ensuring not only the individual's needs are met in a holistic way when they walk through the door, but also the needs of those community members who are not walking through the door or are prevented from walking through the door.

5. Service Delivery, Work Practices and Staff

This section focuses on the theme of service delivery, work practices and staff at WHCLS and BCH. It commences with an outline of the staff structure at WHCLS and BCH. The referral practices of both WHCLS and BCH are detailed. This is followed by a discussion of the extent of joint casework, community work and secondary consultations that occurs between WHCLS and BCH. The section then examines what influences how staff identify problems and solutions: intake, assessment tools, staff roles, professional training and approach. Finally, the relevance of staff trust, knowledge, capacity and commitment to integrated services are examined. The section draws on data collected from the online survey of BCH staff, interviews with WHCLS staff and lawyers, interviews with selected BCH and WHCLS staff as well as some statistical data.

5.1 Staffing Structures

“when I heard there was access to all services here, I was excited beyond belief”.

WHCLS Lawyer

5.1.1 West Heidelberg Community Legal Service (WHCLS)

West Heidelberg Community Legal Service receives federal and state government funding from the Community Legal Service Program (which is administered through Victorian Legal Aid). This funding employs a coordinator (1.0 EFT), principal solicitor (0.8 EFT) and legal secretary/receptionist (1.0 EFT – two part time staff). After a review of WHCLS, the position of Director was created to replace the coordinator position. This position was filled shortly before data collection for the research project commenced. The Director is also a legal practitioner but she does not perform any casework. WHCLS also receives one off grant funds and currently employs a part time project solicitor.

WHCLS also runs, in partnership with the Law School, La Trobe University, a clinical legal education program. The University employs an academic/legal practitioner who teaches and supervises students undertaking a clinical legal education subject. Through this program law students provide, under supervision, legal advice and assistance to WHCLS clients. The clinical legal educator is located at WHCLS for 12 weeks each semester (3 days per week) to supervise these law students and provide legal advice.¹

5.1.2 Banyule Community Health (BCH)

BCH employs approximately 140 staff from various professional backgrounds. This includes doctors, nurses, dentists, allied health staff, counsellors, community staff, financial counsellors, administration staff and managers.

BCH runs a broad range of community health programs and services.² Some of these programs are funded by Victorian Department of Health through the Community Health program (up until December 2009, these programs were funded by Human Services (DHS)). This funding allows BCH some autonomy in developing

¹ Dickson J., (2004) '25 Years of Clinical Legal Education at LaTrobe Uni – Keeping the community in legal education' 29(1) *Alternative Law Journal* 37; Curran L., (2004) 'Responsive Law Reform Initiatives by Students on Clinical Placement at LaTrobe Law' 7(2) *Flinders Journal of Law Reform* 287.

² See www.bchs.org.au.

health services and programs to meet their community's needs. Other programs and services delivered by BCH are financed through pockets of funding, aimed at delivery of programs and services that are specifically targeted and, often, time limited. Other services run by BCH, such as the Medical Service (GP clinic) are self funded through the national Medicare system.

5.2 Collocation of services

"You don't have to be located in the one place to establish those relationships, but it certainly helps".

CEO - Banyule Community Health

As mentioned in the introduction, WHCLS has been collocated with BCH since it was first established in 1978. Both organisations were housed in refurbished offices that were once the administration headquarters for the 1956 Olympic Games. They were configured as two bedroom 'walk-up' flats.

In 2007, a new architect designed building was opened on the original site. Included in this building is office space, interview rooms and a clinical teaching area for WHCLS. WHCLS is housed on the second floor and shares a reception space with the BCH program Gambler's Help Northern. WHCLS is also situated near the Gamblers' Help team, community nurses and BCH management. The medical, dental, counsellors, community workers and allied health workers are located on the ground floor.



Figure 1: This is the BCH reception area. The WHCLS reception and offices are at the top of these stairs. Offices of most of the medical, allied health, counselling and community program staff of BCH are on the ground floor.

In section 4 of this report, the collocation of WHCLS and BCH was identified as facilitating access for community members to health, welfare and legal services and programs.

WHCLS and BCH staff respondents to the research also identified the collocation of services as helpful in their work practices. It assists them to provide timely and

appropriate assistance to the community and helped them to work efficiently and effectively.

BCH Community health nurse – chronic disease

“because the services are here I think (problems) can be dealt with a lot quicker than if it was off site..”

BCH – Community Support Worker

I have found (the legal service) very helpful, particularly in the current situation. We are very close to the legal service, in terms of location...in the past when we have been separated because of rebuilding, it's been more difficult. Often people will go if it is close but if it is in a different place they find it very hard sometimes...they often do not have means to travel, they might not even have a bus fare.

WHCLS – Reception

You can call on somebody that you know, you can ring somebody downstairs and say look I am really sorry but this person desperately needs to see somebody today and you can sort of help each other out

BCH GP

You are able to access the stuff without having to go miles out of your way, running around to find (a service) and ring someone up (for them) to say that's not my area, and someone else says that's not my area, and (you are) shunted back to the first one who says no, no that's definitely not my area,(you) go round in circles sometimes.

WHCLS Lawyer

.I know if I ring a medical person who does not know me from Adam..(often) I have had to write a letter to their doctor.....I have had to spend 20 minutes composing this letter....if it was somebody in here...that is really significant from my point of view, just to have someone around.

The advantages of being able to access services quickly were also discussed in the research data. One example was given in regard to a family a community nurse was working with who needed to obtain a power of attorney very quickly. The community nurse, in reflecting on this example, stated:

BCH Community Nurse

if the legal service had not been located here on the day...it would not have been sorted out in that short time...it would have (resulted in) me going with the client to wherever the legal service was located, having to explain (the) issue again, and they may not have even seen her on that day.....this carer was going to have quite serious surgery...(as a result) her surgery would have been postponed and that would have been quite detrimental to her health and he (the community nurse's client) probably would have gone into permanent care as well.....

As a result of collocation, staff are able to quickly find a solution to a client's problems and, in some circumstances, are actually able to divert the client from a number of other consequential problems because of this responsiveness. In terms of efficiency and efficacy, collocation can facilitate access to timely solutions to problems.

To further examine the nature of staff interactions in service delivery, 9 staff members, 3 WHCLS staff and 6 BCH staff, were asked to keep “worker diaries” documenting their contacts with each other over one month. The interactions in the diaries demonstrate how the ease of access to each service facilitates communication between staff. The following are BCH staff participants’ accounts of interactions that were informal and immediate because of the collocation of services.

Worker Diary - BCH Management.

06.05.09 *Informal catch up with Principal solicitor to discuss needs of a client – referral made for new client. Information shared and professional advice given for client*

30.05.09 *Informal catch up with Principal solicitor to discuss needs of a client – client of legal service looking for a letter of support – worker requesting guidance from legal service. Information provided and letter produced, checked by Principal Solicitor and given to client.*

Worker Diary 5 – BCH Somali Community caseworker

12.05.09 *Informal catch up with Clinical legal education solicitor to discuss needs of a client.. Referral made to WHCLS – appointment made for the next day*

Worker Diary 6 – BCH financial counsellor

21.05.09 *Discussion in passing in corridor with principal solicitor and La Trobe law student to discuss needs of a client – this was a shared client- information shared – professional advice given and referral from WHCLS to financial counsellor for bankruptcy matter.*

28.05.09 *Informal catch up with clinical education solicitor to discuss needs of a shared client. Information and resources provided (3 contacts with WHCLS for this client)*

11.06.09 *Informal catch up with principal solicitor to discuss needs of a client- required paper work in WHCLS file to assist client with Financial Counselling work. File released so I could photocopy relevant paperwork – file returned to WHCLS – (2nd contact for client in this diary).*

BCH worker diary 9 – BCH Gamblers Help – financial counsellor

Between June – Sept 09 *Contact with WHCLS. Informal catch ups in WHCLS worker office or corridor. Advice for clients – secondary consultation for 5 clients. Advice received*

Between June – Sept 09 *Contact with WHCLS reception Referral made to WHCLS for client. Appointment made.*

The ‘in person’ interactions between staff demonstrate how collocation saves staff time. A BCH financial counsellor was able to make three contacts easily and quickly with a WHCLS lawyer for one client. A Gambler’s Help financial counsellor was able to access five secondary consultations for clients with only one appointment being made to the legal service for a client to have an appointment with a lawyer at WHCLS.

These ‘in person’ interactions between staff often occurred informally, through staff ‘popping in’ to see each other or ‘bumping into’ each other in common areas like the staff kitchen. These interactions involved little organisational or travel time.

'In person' interactions facilitated:

- greater accuracy of information transferred as staff are able to see or access necessary paperwork,
- greater opportunity for in-depth conversation and checking of information (staff could come back to each other easily to ensure information was correct)
- staff' ability to access professional advice and increase their professional capacity
- staff ability to develop personal, working relationships with each other

The ability to know another service and its staff is just as important to staff in making referrals as it is to clients and community members in following through on referrals. The collocation of services assists staff to develop relationships with each other which facilitates staff to help the community access a holistic service.

For this approach to be successful, staff identified the need to:

- be able to easily access a service
- know who to refer to,
- know when to refer and if the service will be responsive to their referral

Collocation alone does not ensure holistic services to clients (illustrated by fact that certain staff do not have contact with WHCLS). In various data collection methods, staff identified the personal relationship established through opportunities to "know each other" facilitated staff working together.

WHCLS reception – Staff interviews

Whereas if it was somebody I didn't know, yeah its very hard to call favours. And you can chat in the hallway, you can catch up, I know (WHCLS solicitor) does a lot of her legal work with staff members just dropping in saying, "remember Mr so and so, is this a legal issue" or whatever. Yeah, having everybody close by is definitely great.

BCH Community Midwife – Staff interviews

(if legal service was not here) I would not have that same relationship with the people who worked there, I would not feel confident to talk to, I would not know who to talk to.....

WHCLS lawyer – Staff interviews

the financial counsellor...he will make an appointment or he will come up or we will go down, so the connection is straight away...same with the Somali caseworker, she will bring clients to my door

BCH – Gambler's Help – online survey

Advantage of collocation to allow rapid, informal and ongoing personal and thus efficient contact and continuity of service.

WHCLS lawyer – Lawyer survey no. 19

Lawyer stated workers "knowing each other" – "physical contact and accessibility – running into each other – assists with getting 'worker' to court etc. to support clients". Sometimes, lawyer "needs to push for what client needs" – if a "relationship is established (between lawyer and worker then this) helps with meeting client's needs" – this is particularly so if through this "knowing each other" there is gained a "respect of each other's work ethic/professionalism".

BCH Management – Workshop on findings

I think the demystification of lawyers and legal services over the years that the WHCLS has been here..... traditionally law has been seen as a very dominant discourse socially and having that service here, its very accessible, its very friendly, its very usable, its very committed to our clients

Although collocation of WHCLS and BCH assists some staff to make referrals, access secondary consultations and work together, the research also identified some BCH and WHCLS staff did not make referrals, seek professional advice or work together often. Often this was because staff did not know each other or have opportunities to work together. Collocation alone does not facilitate staff knowing each other or working together and the reasons for this are discussed in further detail throughout this section.

5.3. WHCLS and BCH Staff Referral Practice.

“Clients who present with above (legal) issues will be referred on as required. I discuss issue but do not advise or follow-up”

BCH health professional – online survey

Appropriate and timely referral information and assistance is often seen as an integral component of holistic services as it assists people to access supports for multiple and interconnected problems. Collocating services and staff knowing each other assists a holistic approach to referrals and service delivery. The research gained evidence on factors with facilitated or impeded referral practice between staff employed in service delivery at WHCLS and BCH.

The research assistant to the project was located at the West Heidelberg Community Legal Service for three days per week over four weeks in May and June, 2009. During this time, she met with relevant staff at WHCLS and BCH to identify referral policies and practices of the two organizations. The research assistant was also able to gain ongoing knowledge and observation of referral practice through her time spent within the organisations.

This aspect of research identified:

- ⇒ There were no established or formalised referral policies and practices at WHCLS. Referral practice was solely influenced and managed by individual staff.³
- ⇒ BCH has implemented a Service Access intake process in line with the policy expectations of Department of Human Services for all Community Health Services.⁴ BCH Service Access predominantly works with referrals from the

³ A need to further develop referral knowledge and skills amongst WHCLS staff was identified by newly appointed WHCLS Director and policies and procedures are now in place.

⁴ According to BCH service coordination and intake policy, BCH have developed a Service Access system which acts as a central intake system for most BCH services and programs. Service Access staff conduct an initial needs assessment, obtain necessary consent to share client referral information, conducts referrals to BCH services and programs and provides referral information to clients. This process is designed to streamline access to services and programs with clear referral pathways, prioritise needs and conduct risk assessments. BCH Service Access use templates designed by the Department of Human Services for use in primary health care services in Victoria. These templates are called SCTT (service coordination tool templates). For more information on

- community to BCH programs and services and internal referrals between BCH programs and services. WHCLS staff had limited understanding of BCH Service Access (the intake system at BCH) or the policy that directs it within the primary care health system.
- ⇒ BCH medical services, BCH dental services, financial counseling, some drug and alcohol services and emergency relief use a separate and different intake system to Service Access
 - ⇒ WHCLS staff used a variety of methods to make referrals to BCH staff. Sometimes a referral form was faxed to BCH Service Access (the central intake system for many of BCH services and programs) for referrals. Other times they made referrals directly to BCH program and service staff or would provide referral information to clients of services and programs at BCH.
 - ⇒ Referral to WHCLS by Service Access usually involved transferring a client on the telephone to the legal service reception or directing a client in person upstairs to WHCLS reception.
 - ⇒ Referral process from Service Access intake did not routinely entail transfer of any information about client's connection to BCH services.
 - ⇒ There are no formalised referral protocols, forms or practices set up between BCH services and programs which do not go through BCH Service Access intake process(financial counselling, emergency relief, Somali caseworker, BCH medical services, BCH dental services, some BCH drug and alcohol services and many community groups) and WHCLS

To further gain information on referral practices between staff within these organisations an online survey was conducted, staff and WHCLS clients were interviewed and a log kept at WHCLS reception.

The online survey was available over a two month period to all staff at BCH and WHCLS and also to Olympic Adult Education (another organisation which has been co-located within BCH for a considerable length of time).

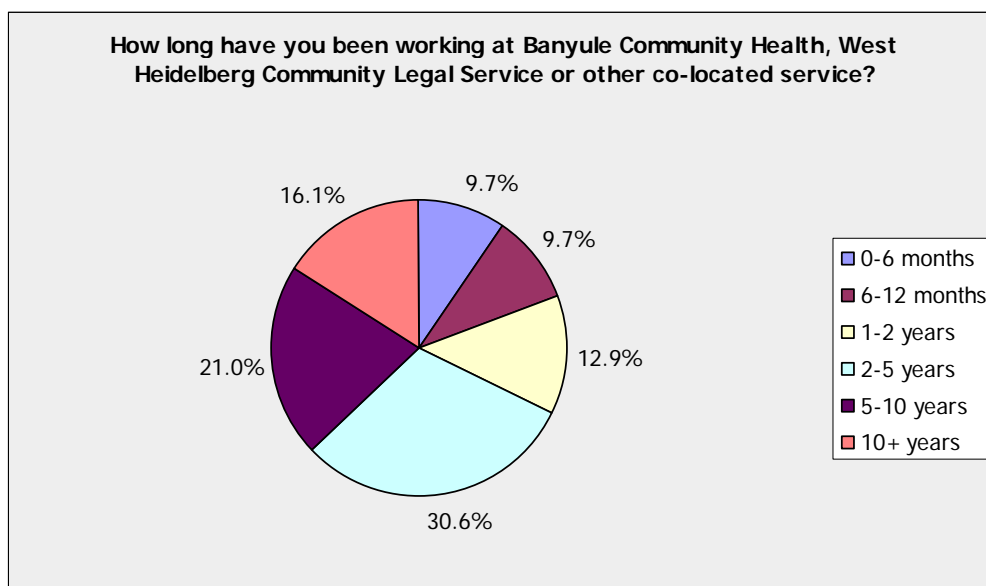
There were 62 responses to the survey. All WHCLS staff (5); 56 (out of 140 approx.) BCH staff; and 1 Olympic Adult Education employee responded. 49 of the BCH respondents stated they had at least weekly contact with clients. The following list shows the programs and services that respondents were employed in and the length of time they were employed at BCH, WHCLS and other co-located services at BCH. The majority of respondents to the online survey were employed at WHCLS or BCH for between 2-5 years.

| What program(s) or service(s) do you deliver? | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| BCH – Carer Support Network | 0.0% | 0 |
| BCH - Community Health Nurse | 3.2% | 2 |
| BCH - Community Midwifery Service | 1.6% | 1 |
| BCH - Dental Services | 6.5% | 4 |
| BCH – Dietetics | 3.2% | 2 |
| BCH - Disability Care Coordinators | 1.6% | 1 |
| BCH - Emergency Relief | 1.6% | 1 |
| BCH – Family And Reproductive Rights Education | 0.0% | 0 |

Service Coordination in Victorian primary care services see: http://www.health.vic.gov.au/pcps/publications/sc_pracmanual.htm

Section 5 Service Delivery, Work Practices and Staff

| | | |
|---|-------|-----------|
| Program | | |
| BCH - Financial Counselling | 4.8% | 3 |
| BCH - Gambler's Help | 12.9% | 8 |
| BCH - General Counselling | 4.8% | 3 |
| BCH – Hospital Admission Risk Program | 4.8% | 3 |
| BCH - Health Promotion | 4.8% | 3 |
| BCH – Management | 11.3% | 7 |
| BCH - Medical Services (GP) | 1.6% | 1 |
| BCH - Medical Services (Nursing) | 1.6% | 1 |
| BCH - Needle Syringe Program | 0.0% | 0 |
| BCH - Neighbourhood Renewal | 3.2% | 2 |
| BCH – North East Outreach Drug and Alcohol Service | 8.1% | 5 |
| BCH - Occupational Therapy | 1.6% | 1 |
| BCH - Paediatric Occupational Therapy | 0.0% | 0 |
| BCH – Pharmacotherapy | 1.6% | 1 |
| BCH – Physiotherapy | 3.2% | 2 |
| BCH – Podiatry | 3.2% | 2 |
| BCH – Reception | 6.5% | 4 |
| BCH - Service Access | 6.5% | 4 |
| BCH - Somali Men's Planned Activity Group | 0.0% | 0 |
| BCH - Speech Pathology | 3.2% | 2 |
| BCH – Other | 4.8% | 3 |
| WHCLS – Reception | 3.2% | 2 |
| WHCLS – Director | 1.6% | 1 |
| WHCLS – Lawyer | 3.2% | 2 |
| Olympic Adult Education | 1.6% | 1 |
| Child Protection Society – Early Years Parenting Centre | 0.0% | 0 |
| Neighbourhood Renewal | 0.0% | 0 |
| North East Housing | 0.0% | 0 |
| answered question | | 62 |
| skipped question | | 0 |



5.3.1. WHCLS Referral policy and practice

As stated above, at time of research WHCLS had no formalised referral policies or protocols established with any other organisation, including BCH. Referral practice was solely influenced and managed by individual staff.

From the staff interviews and observations of work practices, it was identified that in relation to referrals to BCH services and programs:

- WHCLS staff used a referral form they faxed to BCH Service Access (the main intake system for BCH community health programs and services)
- WHCLS staff had limited understanding of BCH Service Access
- WHCLS staff often made referrals directly to BCH program and service staff
- WHCLS staff sometimes provided referral information to clients of service and programs at BCH.
- Some referrals between WHCLS and BCH were conducted by email.
- Referral processes were largely determined by the knowledge and relationship WHCLS staff member had with BCH staff employed in the program or service to which they were referring.

Five staff from WHCLS responded to the online survey: WHCLS lawyers, two WHCLS reception staff and the Director. These respondents were employed at WHCLS from under one year to over ten years.

The online survey asked respondents how often they made referrals or provided referral information to clients or community members. All WHCLS respondents stated they made referrals or provided referral information weekly.

The survey asked respondents the frequency with which they made referrals to BCH programs and services and external health, community and legal services, the method they would use to make these referrals and if, and how, they would follow up on these referrals. All WHCLS respondents answered this question.⁵

Responses from the WHCLS staff to the online survey revealed:

- Referrals to external community legal services were the most frequent referrals made by WHCLS staff with all five respondents stating they made these referrals weekly. This is not a surprising given legal referral information is a key service responsibility of a community legal centre. Referring community members to specialised legal services or other legal service options is one way in which community legal centres assist the community with legal problems.
- All respondents stated they made a referral to BCH financial counselling service either at least monthly or at least every three months.
- Referrals to BCH general counselling and drug and alcohol counselling programs were the next most frequent referrals,
- Referrals to community programs (which includes the Somali community caseworker) and referrals to Gambler's Help were also frequently made.
- Referrals to Medical Services (GP clinic) were frequently made by two respondents.
- One respondent made referrals frequently to the emergency relief/community case worker and one respondent made referrals frequently to BCH allied health services.

⁵ Not all respondents provided a response to each program or service listed. It is most likely respondents did not answer in regard to referral to programs and services listed because they did not refer to them but this is not conclusive.

- Referrals to external health services were infrequent and were not usually facilitated by WHCLS staff.
- Referrals to external community support agencies were made at least monthly and at least every three months by two respondents.
- The main method of referral to BCH used by WHCLS respondents was to make a referral directly to a worker in a BCH program or service. No one from WHCLS stated they used the BCH intake system (Service Access), or a SCTT form, (Service Coordination Tool Templates - the referral form used by BCH Service Access) or e-referral or email to make a referral⁶
- Other less frequent referral assistance was to point out or direct clients and community members to where they would need to go in the building to access a service or to give client written or verbal information on how to make contact with a service or program.
- Respondents to the online survey were asked if and how they would follow up on a referral they made. The majority of 'follow ups' were conducted with clients. The other follow up method used was contact with staff.⁷

The referral practice between the WHCLS and BCH, was further described in the staff interviews.

WHCLS Director

what would be involved would be us going through intake process...or it might be that sometimes you just ring somewhere downstairs, and they will look after the intake process for us from there. It might be the counsellor, it might be the financial counsellor...There is a form that sits in the student room, ...and then you would probably ring ...whoever is down there and ask them to take us through what is the best way of filling it in for this scenario -and then you write it up, with the client's consent... the general thing is to give as comprehensive as possible.... I'm not sure it is the BCH form, that is what we are told...that is the system that is used downstairs and we try to do it as comprehensively as possible.....

the other thing is people go into other people's office and say, say "oh, I've got this client" and (the solicitor) might say "Oh, yeah, book him in for an appointment..." so from our end it does not work that way, we do not have an intake process, it is just if we have a space available or if the worker can make a space available in their day...if it is an emergency....it is much less formal....so it might be a worker coming in for a chat and us saying ok let's talk to (reception) and see if they can fit you in .and would you mind sitting in, , would the client mind...sometimes it is that they sit in because they can move the client through the process..I know (solicitor) saw a client for quite a while that had been referred to him the day before by (problem gambling)..

WHCLS Solicitor

We refer to a central coordinating service,(BCH Service Access) so they get assessed, and they make the referral. We just email....we are not on the system to make the referral directly. So for example today we wanted to make a referral for two children and we did not have the form but we just wrote the information down and ran it downstairs to the coordination centre.....

⁶ Not all WHCLS respondents answered this question. No WHCLS respondents identified using BCH intake system, SCTT referral form or an e-referral.

⁷ Once again not all respondents answered this section of the research. See attachment on online survey responses for WHCLS.

The only time I know if someone has been referred (by BCH) is when (a worker-Somali caseworker and financial counsellor) brings them to my door...it would be very helpful to know when someone has referred...because I can say physiotherapy referred you to me, can I have authority to report back to them and let them know what I have advised...that would be a lot better....its what we do..we do not do cold referral...we walk them down or call the worker on the phone...(often) we have no idea and it would be very useful for me to know.....because if someone is really upset about family issues and they have been referred to us.. (if reception) tells them we can't see them...and they go back to the worker upset or they leave.. the worker gets upset with the service if they do not know.

Additionally over the period of one month, a log was kept on referrals made to and from WHCLS reception.⁸

- This log documented 30 referral information advices provided by WHCLS reception.
- 25 of these were given over the phone, 4 in person and one by letter.
- 27 of these advices were to another legal services, advice line or program.
- 2 referral information advices were provided on BCH programs and services – BCH counselling service and financial counselling service.
- 1 referral information advice was provided on another Community Health Service.
- Information was provided only and no referrals were made by WHCLS reception on behalf of clients.

These various sources of data about the referral policy and practice at WHCLS confirm that:

- WHCLS and BCH had no established referral practices and policies.
- WHCLS staff use BCH Service Access to make referrals to BCH programs but have a limited understanding of the process and limited access to the resources to access this intake system adequately (a hard copy of a form is used, and can at times, not be accessible).
- Referrals to WHCLS are often done informally and in person by BCH staff. They often involve canvassing a client's problem with a WHCLS solicitor before making an appointment.
- When referrals are not made directly by a BCH worker, there are no systems in place that ensure WHCLS staff know of a client's connection to BCH supports.
- WHCLS 's core referral practice concerns access to legal services rather than other community services.
- Referral information and advice conducted by WHCLS front desk is most likely to other legal services.
- Referrals to other community support services are most likely preformed by a WHCLS lawyer following a legal interview.
- WHCLS staff refer to BCH services more than to other external health services.
- WHCLS are more likely to refer to BCH counselling or community programs teams than medical, health treatment or dental services.

⁸ This log did not accurately depict the amount of referrals to WHCLS. It recorded 6 entries for all appointments or phone enquiries made to WHCLS during this time, which was not an accurate account of the number of appointments and enquiries made. It is difficult to judge the accuracy of the log for referrals from WHCLS reception. See attached "WHCLS reception diaries".

- Referrals by WHCLS are usually made directly to a worker involved in the service or program rather than through a formal intake process.

5.3.2 BCH Referral Practice

As indicated above, WHCLS and BCH did not have any formal referral policies or protocols. The online survey and staff interviews revealed aspects of the actual practice of some of BCH staff.

56 BCH staff responded to the online survey. 50 respondents stated they had at least weekly contact with clients or community members⁹ whilst 22 of these respondents stated they made referrals or provided referral information, in general, at least monthly.

The longer respondents (who saw clients at least weekly) were employed at BCH the less likely they are to never make referrals. However, respondents who were employed for less than 2 years were more likely to make frequent referrals. This indicates newly employed staff were more likely to be in positions requiring frequent referrals, but often a worker's referral practice and knowledge is developed over time.

A high proportion of respondents from clinical services stated they have contact with clients at least weekly but never make referrals. These respondents appear all to be employed in direct health treatment service delivery (dietetics, speech pathology, podiatry, occupational therapy, pharmacotherapy). Clinical services respondents were less likely than community programs and counselling services respondents to state they made referrals at least weekly. This may indicate the focus of counselling and community programs services and programs and the professional training and perspective of the staff employed influences the referral practice of these respondents (discussed below).

A small percentage of Service Access respondents stated they made referrals at least monthly. This indicates Service Access work concentrates on referrals coming into BCH rather than facilitating external referrals.

A large percentage of Dental Services respondents stated they made referrals. This is surprising given the low number of clinical services respondents as the Dental service also has a treatment focus. This may be a result of the large numbers of clients who present for a service at the dental service, a high percentage of which are Health Care Card holders and therefore, are a client demographic who present with complex and multiple needs

3 out of 4 BCH reception respondents stated they have contact with clients at least weekly but do not make referrals or provide referral information.

In response to the online survey question: *"How often would you refer clients/community members to the following programs/services? "Refer" includes providing clients/community members with general information about a service or program to make own referral"*, 37 BCH respondents answered the WHCLS section of this question.¹⁰

⁹ 3 respondents did not answer this question.

¹⁰ There were 50 BCH respondents in who had weekly contact with clients and 12 respondents stated they did not make referrals. 1 respondent just did not answer the question.

30 (37) respondents stated they made referrals to WHCLS. 22 respondents stated they made referrals occasionally (1-4 times a year) and 8 respondents stated they made referrals at least monthly.

Referrals to WHCLS are made by as many respondents as referrals to most other service and programs within BCH. Referrals to Allied Health services and Medical Services are made most frequently by respondents.

Referrals to WHCLS were greater than referrals to external legal services. (Responses to the question were also smaller)

BCH staff respondents were also asked their method of referral to WHCLS, various BCH programs and services and to external health, welfare and legal services. There were 28 BCH staff respondents, and 1 OAE staff respondent.¹¹ Findings from this question demonstrated:

- Referrals to WHCLS or an external legal service are equally likely to be facilitated (the worker assists client to make referral), although respondents are more likely to refer to WHCLS than to an external legal service.
- BCH respondents used the BCH Intake system (Service Access) predominantly to facilitate referrals to Allied Health and Counselling programs. Referrals to services and programs that sit outside this intake system (such as WHCLS) are facilitated more often through walking client to service/program to make a referral or by worker making referral directly to service.

Responses to questions on method of referral indicate that staff who facilitate referrals to WHCLS do not facilitate referrals to all services and programs at BCH. Method of referral changed dependent on the service or program the respondent was referring to.

BCH staff respondents were also asked if, and how, they would follow up on referrals they make. Few respondents stated they followed up on referrals to WHCLS. 19 respondents answered this question, and those respondents were more likely to follow up with clients than with WHCLS. Referrals to WHCLS are more likely to be followed up by respondents than referrals made to external legal services (respondent numbers are quite small) but less likely than referrals to BCH services and programs. All respondents who stated they follow up on referrals with WHCLS were part of the Community Programs team. (Community Health Nurse, Community Midwifery, Emergency Relief, Management, Neighbourhood Renewal.)

A following question in the survey, targeted at BCH staff only, asked respondents specifically about their referral practice to WHCLS. Respondents were asked have you ever made a referral to WHCLS.

| Have you ever made a referral or attempted to make a referral to West Heidelberg Community Legal Service? | | |
|--|-------------------------|-----------------------|
| Answer Options | Response Percent | Response Count |
| Yes | 52.2% | 24 |
| No | 37.0% | 17 |
| Not applicable – I am a WHCLS employee | 10.9% | 5 |
| <i>answered question</i> | | 46 |
| <i>skipped question</i> | | 16 |

¹¹ Not all 28 respondents answered for each service or program listed.

In both question 6 (on general referral practice) and the above question 7 (on referral practice specifically by BCH staff to WHCLS), more respondents stated they made referrals or had made a referral to WHCLS than did not. This indicates that the majority of BCH staff who see clients at least weekly refer to WHCLS.¹² Most of these referrals to WHCLS are facilitated by the BCH staff; that is, the BCH staff assists community members in making an appointment to see WHCLS. This indicates the collocation and relationship between WHCLS and BCH assists staff to assist clients to access a service at BCH or WHCLS.

When referrals are not made directly by a BCH staff member, there are no systems in place that ensure WHCLS staff know of a client's connection to BCH supports. Some BCH staff respondents provided referral information but had never made a referral to WHCLS directly. These respondents were spread amongst BCH teams and professions and were, in the main, employed for over two years at BCH. This indicates the referral practice of BCH respondents, whether they facilitate a referral to WHCLS or provide referral information for self referral, is influenced by more factors than length of time employed or professional training and disciplines or teams. It may also be attributable to individual work practice and perspective.

The patterns of referral to WHCLS were confirmed in the online survey. A high percentage (91.6% - 11 of 12) of counselling service team respondents who had at least weekly contact with clients stated they had made a referral to WHCLS. Over half of the Community Programs team respondents who had at least weekly contact with clients stated they had made a referral to WHCLS. Clinical services team (medical and allied health services) respondents were more likely not to have referred to WHCLS than to have made a referral. Service Access (BCH intake service) respondents, dental services respondents and no BCH reception staff stated they had made a referral to WHCLS.

The absence of a referral protocol between the services is noticeable here. If a referral protocol was in place, it may improve the capacity of staff to identify how best to assist community members to access WHCLS. The research identified when community members are given information about WHCLS and sent to make their own appointment there are no systems in place to ensure WHCLS is made aware of the support and connection the community member may have with BCH.

¹² 30 BCH staff respondents stated they make referrals to WHCLS or provide clients with referral information on WHCLS (q6). 24 BCH staff respondents stated they had made a referral to WHCLS (q7). This indicates there were a number of staff who only ever provide referral information about WHCLS and had never directly made contact with WHCLS to make a referral on behalf of a client. The respondents who stated they had never made a referral to WHCLS (in q7) but stated they make referrals or provide referral information on WHCLS (q6) were from a range of teams and employed in range of disciplines. (1 counselling team, 2 clinical services, 2 community programs, 2 service access, 1 OAE). 5 of these respondents stated they felt they had sufficient knowledge to make a referral to WHCLS and respondents were more likely to be employed for over 2 years at BCH.

5.4 Joint casework, secondary consultations and community work

“In terms of fines I would high tail it up here and see the legal service”

BCH Community Nurse

Appropriate referrals to other services are only one aspect of a holistic approach to an integrated service practice. The research identified joint casework, secondary consultations between WHCLS and BCH staff and joint community projects by WHCLS and BCH as also important. This collaboration was often connected to referral practice and integral to a holistic approach to assisting a community member with multiple and connected problems and to assisting the community with prevalent problems.

5.4.1 Joint casework and secondary consultations

Several aspects of the research, the surveys conducted with WHCLS lawyers and the worker diaries kept by WHCLS and BCH staff, revealed that WHCLS lawyers work collaboratively on case work for community members with some BCH staff. The common purpose was to assist a client with a legal problem. Any joint work with other support services was dependent on the client wanting this to happen. However in the client and lawyer surveys, joint case work only occurred with BCH counselling and community programs staff and not other BCH staff.

In order for this collaboration to occur, the WHCLS lawyers needed to know the support services connected with the clients. Additionally, having a relationship with the particular worker assisted with joint casework. The WHCLS lawyers identified that ‘other problems’ identified as sitting outside a resolution of a legal problem may not be addressed due to time restraints.

In the surveys conducted with WHCLS clients and WHCLS lawyers, WHCLS lawyers were asked: how the client knew about WHCLS; whether they knew of other supports the client was connected to; and what future action was planned to assist the client with the presenting and other problems. A number of cases highlight examples of WHCLS and BCH staff communicating and working together to assist a community member.

Lawyer Survey No. 8

Client knew about WHCLS through BCH Somali Community caseworker. Client gets support from BCH Somali Community caseworker. Lawyer will (keep in) contact with client’s support worker to discuss support in relation to legal matter

Lawyer Survey no. 15

The client knew about WHCLS through BCH Somali Community Caseworker Client receives support from BCH - Somali Community Caseworker. Lawyer will continue to talk to client about employment issues – lawyer would not discuss this with support worker unless client asked lawyer to. Lawyer spoke about need to have good links with ethno specific support workers and the need to establish these links.

Lawyer Survey no. 19

The client knew about WHCLS through BCH Counsellor. Client receives support from BCH Counsellor. Lawyer sees legal service as reinforcing the work BCH counsellor is doing. Lawyer will contact client’s BCH counsellor to discuss support in relation to legal matter and provide information on what will happen legally for client

Lawyer stated workers “knowing each other” – “physical contact and accessibility – running into each other – assists with getting ‘worker’ to court etc. to support clients”. Sometimes, lawyer “needs to push for what client needs” – if a “relationship is established (between lawyer and worker than this) helps with meeting client’s needs” – this is particularly so if through this “knowing each other” there is gained a “respect of each other’s work ethic/professionalism”.

Lawyer Survey no. 20

Client knew about WHCLS because he is a previous client and a local community member. Client receives support from BCH Emergency Relief, Medical Services and Community programs – men’s lunch. Lawyer did not think it was appropriate to discuss other problems today but may raise issue at another time. Lawyer stated – in relation to client’s housing needs - it will “depend on time and availability to deal with this” – these issues “should be raised” – “not doing enough of this – because not enough direct contact with other workers”.

Lawyer may talk to BCH GP if he needs to discuss client’s stress levels – how legal problems may impact on health problems – eg. Stress of court - Lawyer stated he has not discussed this as yet with client.

Lawyer Survey no. 26

Client knew about WHCLS because he is a previous client of WHCLS. Client receives support from North East Housing (Client is in transitional housing managed by this service), a Private Solicitor for family law issues, Kildonan Family Services, INCOLink, Moreland Hall (ex BCH counsellor) and Odyssey House (support his transitional housing placement.

Lawyer will contact client’s support worker to discuss support in relation to legal matter. Moreland Hall (ex BCH worker) – Lawyer will probably only contact this worker because lawyer knows him. Lawyer feels they have “shared values and respect the way each other work – have flexible approaches to work and are truly client centred”.

The BCH and WHCLS staff worker diaries also indicated a number of instances of joint working between staff. Financial counsellors, Gambler’s Help counsellors, general counsellors, a community midwife, management staff and the Somali community worker were all identified in these diaries as making contact with WHCLS to seek legal advice for a community member. Once again, contact was made only by staff within the counselling or community program teams at BCH. Most of these advices were secondary consultations; that is, discussions to identify what staff could do to help the client and if a referral to WHCLS to see a lawyer was appropriate. Limited interactions involved WHCLS seeking advice from BCH staff. There were some interactions which involved WHCLS seeking advice on how WHCLS could be more involved in a community program or initiative (for example, WHCLS staff interactions with new Neighbourhood Renewal worker). The only interactions noted in WHCLS staff diaries where WHCLS staff sought advice from BCH staff on a health, welfare or social problem connected to a client were with the BCH financial counsellor and so were directly related to a legal problem.

Secondary consultation and joint working were discussed in the in-depth staff interviews.

Sometimes a person will come in.....often an elderly person, and they can be very distraught...they might not be coming to see me that day but they might see me in the corridor and they will say can I ask you a question..... a classic case was a lady who was absolutely distraught, never been in trouble with the law before...and suddenly she got a fine, because of her dog...this lady was not sleeping, it had just taken her whole life over. She was there that day to see the doctor about her stress....so I said it was a good idea to keep that appointment but after that do you want to come and knock on my door and I will see you and I can introduce you to the legal people....and they will be able to talk to you further....and that is basically what happened

BCH Community Midwife

In terms of fines I would high tail it up here and seeing the legal service, .a good example of me utilising the legal service recently... is a woman who came from a refugee camp....her partner came from a different country and has citizenship of that country and so was able to come to Australia and get medicare here. She has three children who do not have medicare and is pregnant again. So I booked her in with (clinical legal education solicitor)who is now helping this client with her migration issues, in the meantime I wrote a letter to the hospital saying that this person is an asylum seeker, does not have medicare at the moment but that we have an obligation to provide her with free services.....several years ago the government put out a directive to all hospitals, medical services, including dental, that asylum seekers in regard to medicare had to have free services.....every organisation was given that letter, and I have copies so I can bring them out and quote them.....I wrote to the senior social worker who sent an email to the entire hospital saying that...and I also produced cards saying that "I am an asylum seeker, I am entitled to free services at Banyule Community Health" and a tick box if they need an interpreter. So every time she comes into the centre she uses the card and gets a free service, whereas in the past it was 'you don't have a medicare card, what do we do now, we'll have to charge you..'the legal service supported me in that knowledge and (WHCLS solicitor) said if you have any problems get back to me..and the stuff with being a refugee was incredibly complicated and (CLE solicitor) just happens to be a migration agent as well so she is looking into that side of things....the client's partner has emailed me to get hold of (CLE solicitor) and I have just dropped her an email or popped up to see her and say such and such is concerned would you mind giving her a call..... I am a bit of a go between and it works really well

WHCLS - Director

The example I am thinking of is a client comes through the financial counsellor who signed some shonky arrangement with a motor car trader. It started to get very complicated legally. So we took the client from the financial counsellor...we saw the client and were able to work through the key issues various letters to and fro and the financial counsellor was involved in the whole thing, watching what we were doing, and learning, I think. And that is the other thing we have not talked about is them learning more about the legal system through doing the client work, with us not so much through the training but through watching how it works....then we actually handed the case over to the consumer action law centre and then they took it on...systemically as well as for the client....so that was a really good example with a good outcome...BCH worker referring to us and we doing the letter writing and the argy bargy and then us handing it over to the specialist law centre at the high level

Somali Community Caseworker

It was a family ...a very big family, well known in West Heidelberg. The mum diedand then the dad died.....the youngest son and his wife and sons moved into the (mum and dad's) house, but they did not understand that they should list themselves

as residents or tenants..... Office of Housing found out that and wanted to evict them.... that house has a particular meaning for that whole family because it is the point where they all meet during the anniversary of the Mum's death. They always gather and celebrate the death, because in Somali culture we always celebrate the death we do not celebrate the birth....this is very important for people to continue doing this. For this family, this is the point where they were continuing to do this. It had a very important significance and Office of Housing does not understand this. They said next time we come we are going to come with the police, we will evict you, we change the locks. So the young couple came to me, you know they were in tears, they said, its not only us - its the whole family that use this house to remember our parents ...and then when I tried to do the case it was already very serious, I did not know what to do. Then I said to the family, you know, I think we should apply to the tribunal, and ask them if they can intervene, which we did. But the family they all went to the tribunal r, me and (community programs manager) wrote a letter together that this house has a significance for this particular family.....it is very important because even if they are given another house, does not mean any thing for them, the celebration, has to be where she used to stay, where she used to live..... And so (WHCLS solicitor)....., I actually consulted with (WHCLS solicitor) and she went with the family to the tribunal and she confronted the tribunal member and confronted the office of housing person...she used her Human Rights Charter....she actually made a big case, she made a strong case and so the tribunal member said we are not going to make a decision today. We will make another time. We want their ...case worker to come on board. So I was all prepared to go to the next tribunal. But because the Office of Housing manager - he is a really nice guy - he came to us, we had a meeting, me and the Community programs manager and him and one of the team leaders...he looked into the issue...he said tell your lawyer to stop proceedings we are going to give them the house. So (WHCLS solicitor) was really helpful

WHCLS Solicitor

A woman ..(who took) out a loan.....on the pension....stressing her so she was not sleeping...we spoke to financial counselling who suggested voluntary bankruptcy....Many, many referrals to financial counselling I got an authority from her ...and I emailed the financial counsellor...he will make an appointment or he will come up or we will go down, so the connection straight away...same with the Somali caseworker, she will bring clients to my door

BCH – Community nurse

I have worked with the legal service regarding a medical power of attorney issue....that was a.... situation where the carer of the client became quite unwell very suddenly....the paperwork had not been done for the medical enduring power of attorney, the client had significant dementia and needed to go into respite care..we basically had 24 - 48 hours to fast track it..so that this carer could sign documents on behalf of the client to get him into respite care. So we worked with the legal service for tt and that was a good outcome.

The examples given in the staff interviews and the worker diaries demonstrate the advantages of collaboration when WHCLS and BCH staff join knowledge, capacity and professional skills to assist community members with problems. BCH staff interviewees gave various examples of how they support community members to engage with the legal service and the legal system and the importance of this continual back up support by BCH staff to community members which enable WHCLS staff to assist with their legal problems.

The responsiveness and flexibility of WHCLS staff is also noted as a key factor. Staff will go upstairs to see the legal service, a solicitor at WHCLS attended a VCAT hearing for a local community family, staff being open to informally and conveniently talking to each other and provide advice, support and knowledge when needed.

In their every day practice, these staff support each other to meet the needs of their community. In the workshop conducted on the findings of the research, this aspect of practice between WHCLS and BCH staff was commented on. It was acknowledged the practice of secondary consultation was formalised and funded in other sectors but not directly in provision of community legal services.

Workshop on Findings

Participant 1: *when we are talking about the benefits of both agencies, the service that the legal service provides to the agency in supporting counsellors, in particular drug and alcohol counsellors, and general counsellors, we provide the service to a number of workers, they can come in, close the door, no personal information, no client information... having the legal advice on tap that is an ability we do have, provided someone is around, they can go in, shut the door, talk it through and then go out ring the client and say I have just spoken, this is what we are going to do.....we need to identify as a service it is a very time consuming thing we do but it has significant benefits to the clients and workers indirectly*

Participant 2: *in mental health they call that secondary consultation and it is everywhere now. The Austin has one for the HARP clients, a psychologist based at the Austin for the hundreds of people in the HARP program*

Participant 3: *It is built into that continuum of care for mental health services, and the capacity building, secondary consultation and peer support*

Secondary consultations are time consuming for staff and particularly impact on WHCLS resources as they are a small legal service. However, there are overall efficiencies highlighted in the above examples:

- the secondary consultations support a BCH staff member to address a community member's problem without the community member needing to have an interview with a lawyer;
- the collaboration prevents a community member's legal problem escalating through the legal system (as in the case of the Somali family and VCAT).

Secondary consultations and joint casework can provide time savings which enhance the capacity of WHCLS and BCH to further assist the community with legal problems.

5.4.2 Community Projects

Another aspect of the integrated approach was revealed in the research data. There were several examples of BCH and WHCLS staff working together on prevalent community problems. In the worker diaries there are examples of interactions between WHCLS staff and the BCH Neighbourhood Renewal worker¹³, Gambler's

¹³ West Heidelberg is part of the Neighbourhood Renewal project established by the State Government of Victoria. Neighbourhood Renewal projects have been established identified disadvantaged public housing areas of Victoria and aims to create opportunities in these areas to further community participation and address disadvantage. This project is managed through Office of Housing. Banyule Community Health receive funding to employ the Community participation worker of the West Heidelberg Neighbourhood Renewal project.

Help, Health for Life¹⁴, Drug and Alcohol counsellors and Financial Counsellors to identify common areas of work to address community problems or the sharing of particular professional or sector knowledge relevant to an identified community issue or problem. Twelve (12) interactions were noted in regard to sharing information or discussing joint opportunities to address community problems. These were most often informal interactions where staff had caught up with each other in tea rooms or corridors, or popped in to discuss the matter with the other worker.

In the worker diaries it was also noted, the BCH financial Counsellor provides education sessions on debt matters to the clinical legal education law students at WHCLS each semester. This builds their capacity and knowledge to work on credit and debt problems which occur within the community.

WHCLS staff are able to access the BCH intranet. This enables cross professional and sector training and information opportunities for staff. 'All staff emails' on training opportunities, sector and policy information are distributed through BCH are also distributed to WHCLS staff. WHCLS staff are also able to distribute information easily to BCH staff on their upcoming events or on policy and sector information, changes and information on legal issues.

During the time the researcher was situated at WHCLS, the WHCLS Director received information from BCH on health sector training, community forums and organisational events. WHCLS distributed information about the State Government's Charter of Human Rights and details of relevant training sessions to be provided by the WHCLS Director. As part of the WHCLS Director establishing her new position, she attended a number of BCH staff and team meetings to introduce herself and used the opportunity to discuss the Human Rights Charter.

The following is an account of how a BCH staff member used the information provided by WHCLS Director to assist her work in the community.

Information sent by WHCLS Director to all BCH Staff

I am doing (advocacy training) for some staff at BCH on how to use the Victorian Charter to broker better outcomes for clients/patients human rights. I will be talking about it at this week's staff meeting but if any of your teams would like to get ideas on how your field has used the Charter, or might use the charter to get better client/patient outcomes let the legal service know

Email sent to WHCLS Director from BCH Community Nurse

Thanks for your great presentation today. As I mentioned before, I had an opportunity to utilize that knowledge today.

I have been trying to get free services at a hospital for a refugee family with no medicare. Whilst a senior member of staff had assured me this would not be a problem, another staff member I spoke to stated that unless the client had a letter supporting her case, she would be charged BEFORE she was seen. When I asked what would happen if she could not pay, I was told that she would not receive a service. I questioned whether this was contravening the Charter of Human Rights, to which she replied, "I don't know." I then sent an e-mail to the senior member of staff mentioned before and promptly received a cc addressed to hospital staff stating that all asylum seekers and refugees were to receive free services at the hospital. She

¹⁴ Health For Life is a BCH program which assists community members to self manage their chronic health needs.

*also attached the DHS directive which had been sent to all hospitals following the interview I had with the Age several years ago.
It's fantastic when these things go right. Thanks for your great work and enthusiasm.*

Another aspect of shared community work was noted by BCH staff respondents to the Online survey. They commented on involvement with WHCLS and the La Trobe clinical legal education students in identification of research topics or in Human Rights training. Some respondents noted the interactions that facilitated sharing of knowledge on sector, legislation or policy change and identification of opportunities to work together to address problems.

One example of a community project involving both WHCLS and BCH was with the Resident's Group. This is a group for public housing tenants of West Heidelberg established through the West Heidelberg Neighbourhood Renewal project. A WHCLS solicitor had some initial involvement in the Residents Group and once the WHCLS Director commenced her position, she developed this relationship with the Resident's Group and has assisted them to put submissions to government inquiries into public housing and to advocate for better public housing in West Heidelberg. The linking of the common purpose between WHCLS and the Resident's group was identified by BCH management and WHCLS solicitor, and then supported by WHCLS Director. The role of leadership in identifying these connections is identified here.

Staff Interviews – BCH Manager

I think around housing rights - it still needs developing - its supporting individuals ..but also that is an area where the legal service is supporting the community to become much stronger advocates.... (It) has provided the legal service with opportunities to connect with community on a broader levelareas in regard to refugee communities in informing people of their rights, anywhere from the federal police to informing people of what to do when they are involved in a motor vehicle accident..it has worked well with those communities

The legal service is a small agency but it brings a different experience to the table...discussions around community rights and human rights.....and has been involved in discussions around community empowerment projects. Because of its size it has not be able to be involved too much in those projects. There is a long history of involving La Trobe University school of law students in some of the advocacy and law reform works, and 80-90% of the time generally of the reform projects the law students have picked up, and even the clients the law students have picked up, have come from a number of referrals from inside the community health service staff where issues have been raised that situations are unjust, unfair...requiring reform for the people of West Heidelberg. Key people make those things happen sometimes...people who understand the philosophy of the legal service and the health service....leaders, not just leaders who have leadership status, but leaders who have the longevity and the knowledge who bring those services into the discussions....I see it as part of my role as manager, being able to direct services towards the legal service or vice versa.....

Another example of common community work was identified in the workshop conducted on findings of the research. Staff from WHCLS and BCH identified they had met to discuss the legal needs of people with chronic illness.

Workshop on findings

Participant: *(we) met two weeks ago and that was a clear message about people with a chronic illness, their access to critical information about legal rights and access to information, people who can't get in or out of their house, the additional stress that causes....*

The research identified some staff at BCH and WHCLS work well together to address the needs of individual community members and to address prevalent community problems. The research also identified instances when WHCLS and BCH do not work well together. In the client and lawyer surveys conducted for this research, WHCLS lawyers knew of, and were or would be, in communication with all client participants' supports when they were linked into BCH casework or counselling support. This was largely due to the fact that many of these client participants had come to WHCLS through their links with BCH.

However, as discussed in the previous section, there was limited evidence of:

- WHCLS linking client and community members into supports with BCH,
- Limited collaboration occurring between WHCLS staff and BCH staff employed in health and medical treatment services; and
- Limited evidence of WHCLS staff interactions with BCH staff involved in community and health and well being promotion or prevention projects, such as Neighbourhood Renewal or BCH Health promotion programs, primary care partnership work and community groups involved in chronic disease self management.¹⁵

5.5 Identification of problems and the identification of solutions

"In my role, I just think where do you draw the line, who gives me the right to say you need to see a counsellor?"

WHCLS reception.

In section 4 the discussion of the influence of the client and local community on integrated practice demonstrated how the identification of a client or community problem impacts on the identification of solutions for those problems. The influence of how staff identify community problems and solutions to these problems is also a critical factor in how and when staff at WHCLS and BCH work together. Staff involved in legal case work, health treatment and community work provide an integrated service approach through the identification of other relevant services to presenting problems and having the skills to effectively refer to and work with another service.

5.5.1 The role of intake and assessment tools in identifying problems.

In the online survey, staff at BCH and WHCLS identified the ten most common legal problems their clients experiences as credit and debt problems, Government benefits (Centrelink) problems, Government services problems for the elderly or disabled, problems with the health system, tenancy problems, criminal charges, victims of crime, victims of family violence, family law issues and problems with the legal

¹⁵ Although there has been some WHCLS staff involvement in the last year or so in regard to the West Heidelberg Residents Group – a Neighbourhood Renewal initiative.

system. However the intake processes do not necessarily facilitate the identification of these problems.

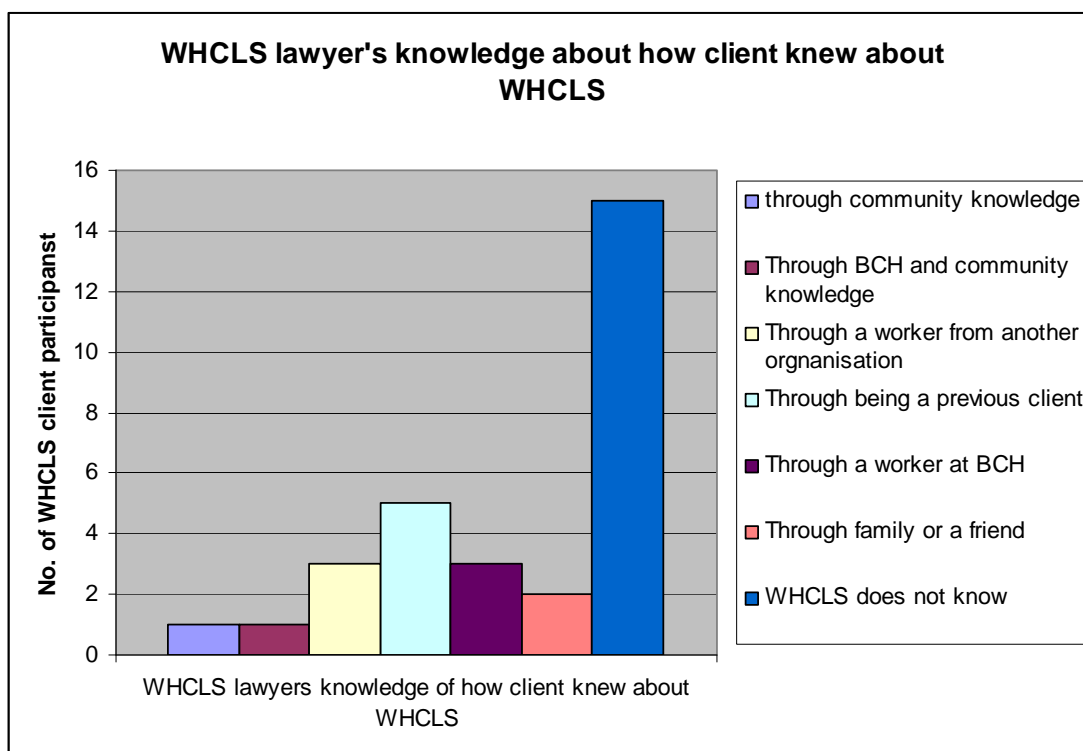
5.5.1.1 WHCLS Intake systems

At the time of the research WHCLS had no formal intake or assessment tools for legal interviews and case work with community members. The intake practice at WHCLS focussed on whether the person was eligible for services and if so then making an appointment for legal advice. The criteria for service is primarily whether the individual lives within the City of Banyule which is the WHCLS catchment area. Certain types of legal problems are not addressed eg conveyancing, commercial matters. Some clients are referred to specialist legal services if this was identified as a more appropriate option and to other legal services if a conflict of interest is identified. If a client is not eligible then WHCLS attempts to refer people to other legal services. Further identification of needs is undertaken in a legal interview and not at initial intake.

Through the surveys conducted with WHCLS clients and lawyers and the maintenance of the referral log by WHCLS reception, the research sought to identify how a community member knew about WHCLS. In posing this question, the research wanted to know if WHCLS were aware of the pathway taken by a community member to the legal service. This pathway gives some indication of other problems and support services the community member might be experiencing.

However, this question was not routinely asked by WHCLS staff. In the existing client statistics for the six months January to June 2009, the source of referrals to WHCLS were not recorded. "Not specified" was listed for all data in "referral from" data collection category. In the four weeks of the WHCLS reception log only six entries were made on 'how did the client know about WHCLS?'

In the surveys conducted with WHCLS clients and lawyers, WHCLS lawyers were also asked "how did the client know about WHCLS?". The following table indicates WHCLS lawyers did not know the referral pathway for half (15) of the client participants to the research. When the WHCLS lawyer was aware of the pathway and possible supports, this was most often because the client participant was either known to the service (was a previous client of WHCLS or known community member) or a facilitated referral was made through another support agency.



These findings indicate:

- The intake system at WHCLS does not attempt to pick up on other support services a client is linked into
- In client interviews, WHCLS lawyers do not identify the pathway of a client to WHCLS. This is usually only known if a client has a past experience with WHCLS or a support worker makes direct contact with WHCLS.
- If a client is not a past client of WHCLS or a facilitated referral by another service has not been made for a client or if the client themselves does not mention other supports they are linked into, these support links are most likely not to be picked up on by WHCLS in a legal interview..

Consequently, opportunities for identification of other problems a client might be experiencing and opportunities for joint working to solve legal problems and other problems are likely to be missed.

5.5.1.2 BCH Intake systems

Data on how the BCH Service Access (the intake and initial needs identification process established at the health service) system works and is used was obtained in an interview with Service Access worker. In the online survey, BCH Service Access reported regularly seeing clients with credit and debt problems, problems with government services for the elderly and disabled and family law problems but not the other ten most commonly identified legal problems experienced by the community. As BCH delivers programs on financial counselling, health treatment services and counselling services, it is expected community members would contact BCH intake services requesting assistance with these problems.

Only one BCH Service Access respondent stated they had made a referral to WHCLS. BCH Service Access did not often do facilitated referrals to external agencies and their main work was to identify the BCH service response to needs of community members who make contact with BCH for assistance.

Service Access use SCTT (Victorian Government Department of Human Services designed templates for service coordination in primary care services) and developed screening tools to conduct an initial needs assessment for community members who contact BCH for a service. At the time of conducting the research, the screening tools used by Service Access were developed by individual BCH services and programs. However DHS is moving towards generic screening tools so client need is more uniformly assessed by agencies across the primary care system and is less dependent on services or staff to make those judgements.¹⁶

At the time data was collected on referral policies and practices, Service Access identified a legal or rights problem through the use of the BCH “counselling programs” screening tool. This tool was used once a “counselling need” was identified by the community member and Service Access worker. The tool then asked questions on housing, financial, legal, gambling, material aid issues. The practice, training and abilities of the intake worker influence the direction of the conversation and how problems are identified. The SCTT used by BCH service access worker did have provision to ask a question about legal needs of the community member in the “living and caring” template. This question asked only if the community member had a mental health order or other legal order. This section of the SCTT also asked questions about housing and material aid need. Service Access did not usually use this template section as it was not part of the core templates used or expected to be used by DHS.

At the time of the research, the screening tools used by the intake system at BCH did not adequately screen for potential legal or rights problems a community member might be facing. If a legal need was identified by BCH Service Access staff, they were unlikely to facilitate a referral to WHCLS. Instead they would transfer the telephone call to WHCLS reception or give referral information on how to contact WHCLS. In such a process, no information is passed to WHCLS staff about the community member or their possible links to BCH staff (unless the community member informs WHCLS themselves).

5.5.1.3 Assessment tools

Although it is clear that the current intake processes do not adequately canvass the possibility of legal problems and other problems, the experience of staff is that it takes time to build up a relationship with a community member, to identify problems and to think through possible solutions with them. While good intake and referral systems and protocols assist with effective integrated services, they are not the whole answer to them. In interviews with staff and the workshop on findings, participants noted the difficulties of being able to make a holistic assessment of someone’s needs at an intake stage of service delivery.

Workshop on findings

Participant: *Can I make a further comment about the Service Access staff not making referrals to the legal service, in something I have observed in the context of chronic disease...is that when someone rings up with a clear idea of what they want, Service Access might screen and talk about a whole range of alternative or supplementary supportive services, the client has to agree to be referred to them and what we are finding now in chronic disease, community health now have a range of*

¹⁶ It is the understanding of the research these generic screening tools designed by DHS are now used by BCH. These are designed to incorporate priority access categories also identified by DHS which include prioritising Aboriginal and Torres Strait Islander community members, people at risk or experiencing homelessness and people with a disability.

supportive services in chronic disease including a coach to support self management, but they have actually only rang for an appointment to the podiatrist and it takes a while for their thinking to come around for something they have not actually rang up for, so it is not totally beholden on service access....

Participant: *In my role, I just think where do you draw the line, who gives me the right to say you need to see a counsellor....from the time I have been here I would have referred one person to counselling....and most of the people do need counselling or something...but they are not asking for that....if someone says something about financial stuff, I can say do you need to see a financial counsellor but you would not step over that line to say do you need to see a drug and alcohol counsellor...*

Staff interviews – WHCLS reception

usually I will let them have the appointment with (the principal solicitor) just so he can determine what they may need. There might be some legal issues hiding and he finds those sorts of things out and than he decides what they might need to see or who they might need to see downstairs

The research identified that many of the problems a community member experiences take some time, relationship building and trust to identify. It also recognises many problems will be identified through case work and interview processes, rather than through initial intake processes. Case planning and assessment tools can have significant impact on the identification of problems and contribute to the work focus and skills of community service delivery staff. However, WHCLS had no formal assessment tools for legal interviews and case work with community members and BCH staff use a variety of case assessments and planning tools.

There are currently moves within the Victorian health and community sectors towards the development of comprehensive care and case assessment and planning. The Victorian Department of Human Services were looking into care plan templates for primary care services; changes to Medicare funding to incorporate care planning as a Medicare scheduled item meant care plans were being implemented by BCH medical services; and clinical assessments tools were being further developed in the drug and alcohol field and were to be implemented for BCH drug and alcohol services

It was beyond the scope of the research to identify all care and case planning assessment tools or the templates for such tools or how effectively staff at BCH and WHCLS were using these tools

BCH Manager

Medical services do comprehensive assessment of needs and care plan - it includes:

- Legal history – particularly for D&A patients – pharmacotherapy program*
- Social history*
- Medical history*
- Family history*

Workshop on findings:

Participant: *apart from screening at Service Access, were there any questions asked (about)..... clinical assessments of need that came into the picture, because after service screening, which service access do, the next place to capture the legal needs....is through the assessment... because there are comprehensive assessment frameworks now that are being implemented particularly in the mental health/drug*

and alcohol area and it would be very easy to put that on there if it is not already on there...are there legal problems?... psychosocial assessments, in the drug and alcohol there is definitely one but in the new lot, that is the next step..... it is just a core part of practice that if you are going to develop a treatment plan with somebody you have to do a full psycho social assessment which has to include a legal question now whether that has drifted off.....we have always had them and legal have been on them.....there are a couple of questions begging - do the practitioners do that?..... we are definitely making a highlight on the new forms being developed in the light of dual diagnosis.....we don't use them well enough... all these things will be imbedded because they are mandated now.....it was very ad hoc, we got a bit better and we will get better, and that would be terrific

5.5.2 The impact of staff and their roles on the identification of problems and solutions.

The evidence from this research indicates the extent and nature of referrals can indicate more about the practice, understandings and focus of staff than the needs of the community.

BCH Community Nurse

Probably have not had a lot of (referrals from the legal service) over the years, but some...there probably could be more..

5.5.2.1. BCH Staff

BCH research participants acknowledged that the focus of a staff member's work impacts on their ability to identify and then assist a community member with multiple and interconnecting problems. For example participants to the online survey who worked in case work or therapeutic positions (BCH financial counselling services, emergency relief, Gambler's Help, community nursing, counselling services and a neighbourhood renewal worker) were more likely to identify the legal needs of a community member and more likely to work with WHCLS on this. There were no respondents from BCH medical or allied health services who reported seeing the top ten legal problems often and only a few had made referrals to WHCLS. The findings also suggest that staff who identify the legal problems of community members are likely to then refer to and work with WHCLS.

A significant restraint on the ability to work with community members holistically identified by participants was a lack of time and resources. The lack of time and resources was also equated with limited capacity to get to know how service systems worked and limited capacity to get to know community members and their needs. This was indicated in the results of the online survey which demonstrated the longer a staff member was employed at BCH the more likely it was they would refer to WHCLS. Participants to the research identified particular time pressures on medical services to see high numbers of patients.

Staff interviews

BCH - CEO

There's no time now for people to sit down with somebody and become familiar with those people and understand familythat time has passedits better to see some people than nobody...but the connection between this organisation and the community....the divide is getting bigger and bigger...the intimacy is gone..

BCH – Community Nurse – chronic disease

Waiting lists, tight criteria around certain services eg. aged care assessments.....inflexible criteria)..as a health professional,...not knowing the services or how to navigate the community system...that was a barrier for me moving from the acute system to the community sector... it was just asking question, basically asking people who had worked in community for a long time, I relied a lot on one of the girls at the Austin who had a very long career in aged care...she would be able to refer me to who to ring, who to contact...I guess you just learn as you work probably at one stage the client work load I had...I may not have been as thorough when I had 60 clients as opposed to 35..I may not have been as thorough in being able to address all those issues that I can know for having less clients

WHCLS Lawyer

Somebody who walks in with a child and says my child is sick..... they(doctors) are thinking to themselves I have to discover what the medical issues are and I can see that there are some distressing things in this relationship and I am running 12 minutes late and I have someone else waiting outside.....And to an extent this is happening within the legal service as well, we are expected to see a certain amount of people. My view has always been, that I would rather see a small number of people well

Workshop on findings

Participant: *and it might be the nature of your position, I know the counselling team and people like myself who go into peoples homes to provide a service, you end up having a very close relationship with them, where they confide in you and tell you other issues and it opens it up so you can refer*

Participant: *Absolutely, in counselling and community programs, the one thing you want to develop is a therapeutic alliance with the client, if you are able to do that , the research tells us you are going to get a really good outcome. The doctor's roles and allied health staff is not do that, it is to treat ...the medical practitioners have to get people through, it is an expensive service to run.....*

5.5.2.2 WHCLS staff

The work focus of staff was also identified as significant when looking at the client and lawyer surveys. The focus of the WHCLS is to assist community members with their presenting legal problem. Lack of time and resources to view problems holistically was noted. It is pertinent that referrals for support for a client's 'other problems' can only be made if those problems are discussed in a legal interview and if a worker is aware of such problems and whether the client is already linked into support.

Workshop on findings

Participant: *and then there is the complexity of the problems themselves...you can call it an impediment but it is a reality, to understand why people do the things they do requires a rational process but also an emotional level of maturity to understand that.....it is not easy to unwrap these types of things, and clients themselves cannot be expected to know why they move in the way they do....*

to me in that sense,.....staff are making judgements on what they can deal with and what they can't....and the really tricky stuff, staff are going to be saying I have only so many hours in the day, here is something I can do for this person but that other stuff, hell I have a life, I want to go home to the kids, you can't blame them for that

In the WHCLS client and lawyer surveys, WHCLS lawyers were asked if the client participant they interviewed had any 'other problems' as well as their presenting legal problem. WHCLS lawyers identified other problems for 18 WHCLS participants. (27 WHCLS client participants identified experiencing a problem other than their legal problem). For the majority of these participants, the WHCLS lawyers identified some but not all of the problems the participants identified. There was one case in which the WHCLS lawyer stated a client was experiencing more problems than those stated by the client participant in their survey with the researcher. However, there were many cases in which the lawyer was unaware of many of the client's problems and some in which they stated the client was experiencing no other problems when the client stated they were experiencing a significant number of problems.

As identified in the previous section of this report, when participants were known to the WHCLS lawyer or who were linked into BCH supports (and were referred to WHCLS by the BCH supports) the WHCLS lawyer was more likely to have a comprehensive knowledge of other problems the community members was experiencing.

For two participants the WHCLS lawyer stated while "other problems' were picked up on they were not able to be discussed at the time of the interview and so these were listed as "do not know".

WHCLS Lawyer survey – No. 12

Lawyer was aware of other difficulties client was facing but felt it inappropriate to talk about them as client's son was present for interview.

WHCLS Lawyer survey – No. 4.

Lawyer does not know about other problems.

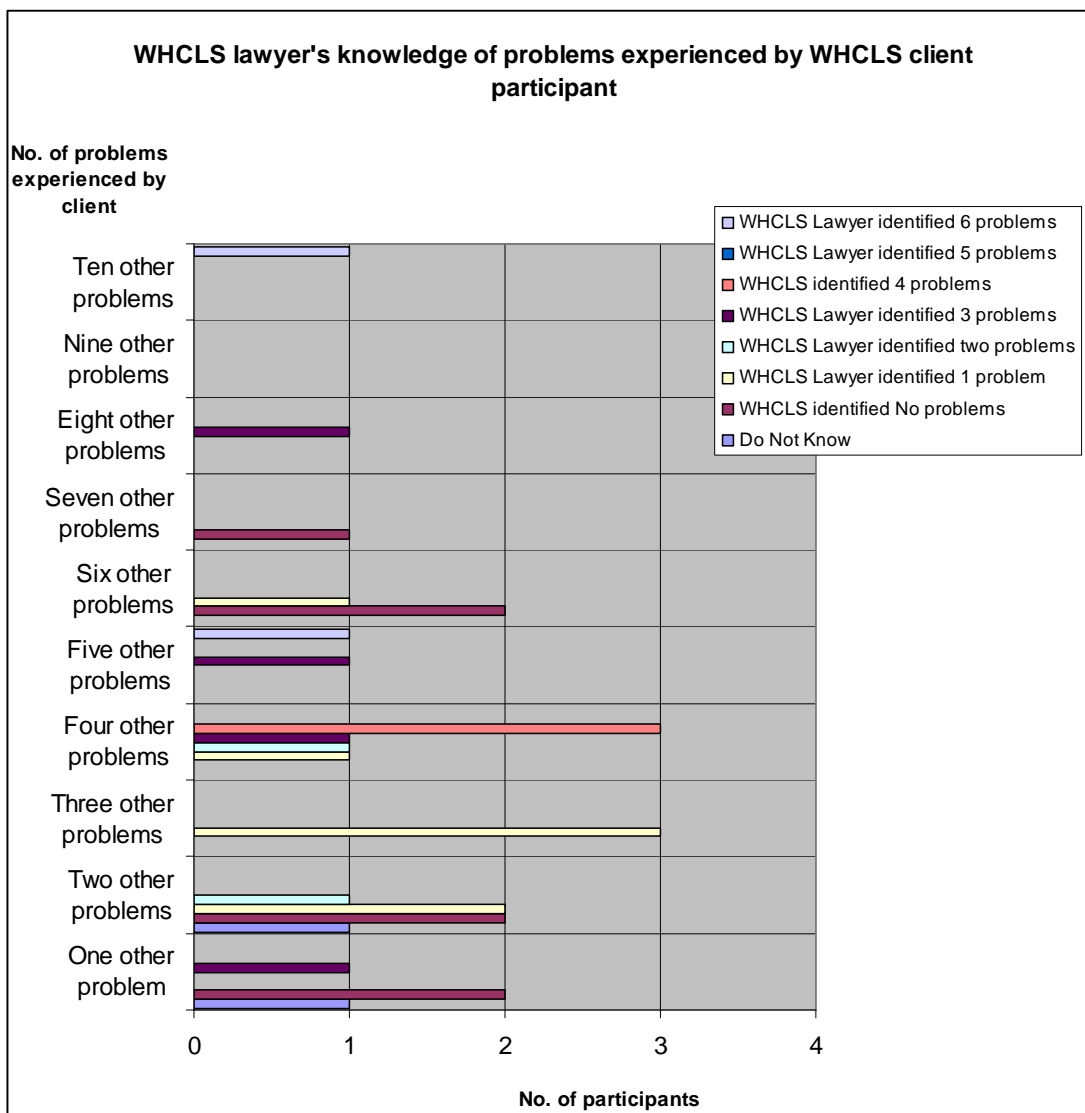
If there was more time available these may have drawn out other issues – lawyer suspects there were some but as they were running behind time with interviews was unable to draw these out.

This was a particularly busy afternoon and volunteer lawyer was able to pick up some clients for principal solicitor which he continued to supervise while attending his own appointments.

No "other problems" were identified by WHCLS lawyers for a further 7 participants who identified experiencing other problems in their survey for the research. Two of these participants stated they were experiencing minor problems, largely connected to their legal problem. (One was experiencing some stress related to his unresolved legal need and another was experiencing difficulties navigating the legal system). Another two were experiencing or had experienced problems for which they were either linked into supports or felt they had or could resolve these problems themselves.

Three participants had significant problems with other health, housing, financial and family issues and had either minimal or no supports. WHCLS was unable to assist one of these participants with their legal problem and so he was given information about other services to contact. One participant had a legal problem of particular interest to the solicitor and project solicitor who was located at WHCLS on the day of the client interview. The two solicitors spent some time discussing and assisting this client with his legal problem. The client's other problems were not discussed at all. The other client spent a considerable time with the WHCLS lawyer.

The following table demonstrates the number of problems experienced by the WHCLS client participant in comparison to the number of problems identified by the WHCLS lawyer.



As stated in the previous section, 14 WHCLS client participants stated all of their other problems were discussed in their legal interview. (12 of these participants identified a link between their legal problem and other problems.). The 14 participants were then asked if they brought up the problem or if the lawyer asked about the other problems. 10 participants stated they initiated discussion on their 'other problems' because they thought they were relevant to their legal problem.

When this same question was asked of WHCLS lawyers, they identified all or some problems were raised with 12 participants. There were 6 client participants who the WHCLS lawyer identified were experiencing at least one other problem, but the WHCLS lawyer felt it was inappropriate or not relevant to discuss this problem within the legal interview. One participant had ongoing health issues that the WHCLS and client felt to be not relevant to legal problem and for which the client was linked into supports. One participant had another legal problem and other problems related specifically to her legal problem. This participant was identified as having all problems resolved once WHCLS assisted her with her presenting legal problem. The

following participants' other problems were not discussed according to the client participant and the WHCLS lawyer.

WHCLS lawyer survey No. 3

Client's presenting problem: car accident – property damage

Other problems identified by client: Housing, the experience of family violence, employment, financial, problematic gambling and health. Receives support from external support agencies

Other problem's identified by WHCLS lawyer: Family violence (including ongoing impact on client's health and well being and vulnerability to abusive relationships) and housing.

Client is already linked to supports for her housing problems

Lawyer did not think it was appropriate to discuss other problem. Lawyer stated "counselling was not area of expertise – "pop psychology" if she were to engage in it so "not able to bring it up."

WHCLS lawyer survey no. 6

Client's presenting legal problem: problem with health system

Other problems identified by client: Health

Other problems identified by WHCLS lawyer: Health problems

Lawyer "let him know he was familiarised with 'client's' medical condition." Lawyer did not think it was appropriate to discuss it today Lawyer stated that he felt it he were to get into discussion on this "it would have distracted him from his purpose in coming to the legal service."

WHCLS lawyer survey no. 7

Client presenting problem: consumer (money owed to client)

Other problems identified by client: family problems, health problems (significant stress) and business problems

Other problems identified by WHCLS lawyer: stress due to family illness

Lawyer did not think it was appropriate to discuss it today but will raise issue at another time

Researcher's note – student conducted interview with client – approaching such issues relies on the interviewing skills of the student not so much the skills of the clinical education lawyer.

Interestingly, in the following two examples the client participant stated their other problems were discussed, while the WHCLS stated they were not discussed. Clearly, the WHCLS had gained some knowledge of the problems experienced by the client, but, potentially, had already begun to filter and prioritise those problems or aspects of the problem they considered as relevant to their work.

WHCLS lawyer survey no. 17

Client presenting problem: General Crime

Other problems identified by client: Credit and Debt and mental health

Other problems identified by WHCLS lawyer: Family/parenting, mental health, drug and alcohol and financial difficulties.

Lawyer felt that credit and debt issues were not a priority - other issues take precedence. Lawyer stated he needed to respond where client is at and deal with other issues at a time more suitable.

Lawyer knows client is linked into supports but will find out these at another time.

But this will be discussed in due course. Not appropriate at this stage

Lawyer did not think it was appropriate to discuss it today but will raise issues at another time.

WHCLS lawyer survey no. 20

Client presenting problem; Neighbourhood dispute

Other problems identified by client: Housing, ongoing neighbourhood disputes, physical and mental health.

Other problems identified by WHCLS lawyer: health, housing and ongoing disputes.

Lawyer did not think it was appropriate to discuss it today but may raise issue at another time

Lawyer stated, in relation to client's housing needs, it will "depend on time and availability to deal with this" – these issues "should be raised" and feels WHCLS are "not doing enough of this – because not enough direct contact with other staff".

While 10 clients stated they raised their 'other problems' with the WHCLS lawyer because they saw these problems as relevant to their legal problem, WHCLS lawyer participants identified 4 client participants raising problems. WHCLS identified themselves as raising other problems with 5 client participants, whereas 2 client participants identified the WHCLS lawyer as raising or asking about the problem.

These findings indicate

- There is an unstructured interviewing style in legal interviews at WHCLS, which positively results in a joint understanding and identification between lawyer and client of other problems linked to presenting legal problems.
- The lack of formal assessment tools at WHCLS, with prompts for staff on issues to discuss with clients, means possible interconnected problems and supports may not be identified by WHCLS staff.
- The lack of needs assessment tools can result in a worker having discretion over whether a client's problems are addressed – this can run adverse to holistic practice and a lack of accountability on staff to ensure a holistic approach is taken.

In the majority of cases where the WHCLS lawyer identified a client participant as experiencing other problems, the lawyer could identify a link between the legal problem and other problems. However, as demonstrated in the previous section of this report, identifying the connection between problems does not mean service solutions are identified.

The research identified two referrals facilitated by a WHCLS lawyer for client participants of the research. One referral was to a BCH counselling service. Referral information was also given in regard to external support services and the client was going to make contact with these services himself.

WHCLS lawyer survey No.2.

Student lawyer walked (client) to BCH intake – and discussed a referral to NEODAS (drug and alcohol) counselling services at BCH

Student lawyer later informed that counselling waiting lists were quite long and it was unlikely client would access support through BCH.

This experience was commented on to researcher by WHCLS law student student attempted to make appointment with counselling service for D&A and past trauma.

Student lawyer and client were told wait could be up to 5-6 months and so client had to access D&A counselling elsewhere. Student was then reluctant to suggest counselling service to another client that she felt may benefit from counselling – did not even broach subject with client let alone facilitate a referral – on reflection she thought she might put information and contact numbers in referral letter to client.

This example indicates the responsiveness of a service or worker to a referral influences the future referral practice of the worker.

Another referral was made by a WHCLS lawyer on behalf of a client participant. This participant's story was detailed in the previous section. The client was supported by the BCH Somali Community caseworker. This client had come to see her support worker the day before very upset in regard to legal letters she had received. The BCH Somali community caseworker assisted her client to access the WHCLS lawyer at that time and also attended the interview with her on this day. The WHCLS lawyer, as a result was well aware of the client's situation.

WHCLS lawyer survey No. 8.

Lawyer has seen client with support worker previously and is aware of issues.

Lawyer spoke to client about making a referral to (an external family support agency) about supports to assist with potential legal matter and for general supports for family.

Lawyer will (keep in) contact with client's support worker to discuss support in relation to legal matter

Lawyer will make a referral to supports on client's behalf

Lawyer intends to make referral to Child Protection Society on behalf of client.

Interviews conducted with WHCLS staff indicate there were a number of factors that influence their referral practice. Some respondents stated having knowledge about the services to refer to influenced their referral practice. Referral training, making the time to get to know services and ongoing or access to updated information about services were also seen as important factors which facilitate referral practice.

WHCLS Reception

.....earlier on, well when I wasn't aware of all the services downstairs. I didn't realise all the different departments downstairs - you know you go for a tour on your first day and there is this, this and this but you don't actually realise how many services are in the building. Through the (referral) training, we have had a lot of referral training now, and we understand all the different departments and what they do. I think some of them have come up and done little presentations to the students so they're aware of where they can refer clients to downstairs

WHCLS Lawyer

I would like to get to know some of the mental health services we have here...that has not worked well because I have not had a chance to walk down, and make an appointment, and talk to them about how we can assist their clients..other things get in the way, time issues ..It take a lot of time, but only in the beginning, once you have established it you are away. There is not a lot of connection between the physical care, Doctors, dentists, physiotherapists, OTs...the medical side. I don't know of any referrals that I have ever had from them, apart from the midwives.

An example of the disconnect between identification of problem and service provision was demonstrated with client participants who presented with a legal problem directly related to inadequate housing. Even though the participants' housing problems contributed significantly to their legal problem, the participants did not explicitly ask WHCLS to assist with their inappropriate transitional or public housing, and their housing was only discussed (if at all) in relation to their presenting legal problem. The clients did not seek assistance with their housing because they:

- did not identify WHCLS as a service to help with this problem or
- did not think it appropriate to seek assistance from WHCLS for this problem at this time or
- had given up on finding a solution to this problem or
- had not prioritised this problem as one that needed to be dealt with as yet

The WHCLS lawyer response to the above clients' problems was usually to assist with the legal problem as it presented to the legal service (attempts to access a deceased estate to purchase better housing, intervention orders made due to neighbourhood disputes, property damage caused through neighbourhood disputes and credit and debt issues). Clients' housing problems led to neighbourhood disputes, family problems related to overcrowded and inappropriate housing and additional health problems. While many of these problems would benefit from WHCLS supporting and advocating for clients with Office of Housing and transitional housing programs to address inadequate housing arrangements, there was no indication from WHCLS lawyers that this action would be taken by them. In a couple of cases, the housing problem was not mentioned at all, in other cases it was stated these problems would be dealt with if time allowed, indicating, though the lawyer connected the problems, the solution responses were viewed as separate.

The above suggests:

- Time, or lack of time, is a factor in identification of problems and their solutions
- Staff make judgements on the direction of his or her role, who or what should be prioritised, who it is they are able to work with and in what manner. This is defined by the worker themselves as well as client expectations and organisational and systemic expectations.

The surveys conducted with WHCLS lawyers and interviews with staff demonstrate other problems are identified when these problems impact on the legal assistance the worker is attempting to provide to a community member. The surveys with lawyers identified problems were raised and support sought when lawyers made a direct link between the problem, the support services and the presenting legal problem. Referrals were made to supports for client participants for drug and alcohol counselling and family support services when there was a link between the need for these supports to be in place for upcoming court matters. WHCLS lawyers also stated they would work with identified support staff to assist client with court matters.

In other cases, it was acknowledged further supports would need to be discussed for resolution of legal problems. In these cases, upcoming legal proceedings were viewed by the WHCLS lawyer as impetus for raising the issue of accessing supports with client participants. This rationale was also discussed in staff interviews and the workshop on findings.

WHCLS Lawyer survey no. 12

Lawyer states client feels able to manage this problem but will seek further supports if necessary Lawyer stated that client will “need to access support to assist with resolution of legal problem.”

WHCLS lawyer survey no. 10

Lawyer stated that he felt it not appropriate to raise issues today but will raise them in further interviews as it will be more appropriate to do so as legal matter further unfolds. Client’s other difficulties with be revealed in legal documents and issues can be more tactfully raised

WHCLS lawyer

why holistic services, what are they there for, who do they benefit...one argument is that they benefit the professionals....there is a level of self interest here. If I have got somebody whose got some drug issues, not particularly acknowledged..... they are picking up their needles here, but they are not doing much more and they have a court case.....it clearly assists me professionally when I am standing up in front of a magistrate to be able say that I have documented on BCH letterhead. this person admitted to police that they had a drug problem and when they have come in to talk to me... they have gone offand entered into a therapeutic relationship...and here it is, here is this letter I have got.....

5.5.2.3 Relevance of job roles

These findings indicate the complexities involved in a worker’s perception of their role or focus can either limit or enhance a holistic approach to service delivery. A holistic approach to understanding problems enhances the ability of staff to refer or work with other services on presenting problems.

Put another way, the presenting complex problems of community members compel staff to take a holistic approach in order to reach good outcomes. Limitations on the solutions staff can provide to a problem occur when solutions are sought only from within narrowly defined work roles. Having flexibility to work with other staff was identified as a significant factor in providing an integrated approach to service delivery.

BCH community nurse

I suppose it means my role has had to be fairly flexible. I can never just focus on midwifery, I always have to focus on a million other things...and you have to work with people's priorities because if you don't you may not get anywhere...

BCH community nurse – chronic disease

the way I see it is that when I go to see a client I am not just looking after their specific disease or condition because from that are a multitude of other issues including social and psychosocial....as part of my everyday job I tap into other services, physio, we have a psychologist at the Austin, pharmacist, a whole range of

allied health to look after the patient more holisticallyand the advantages are that the patient becomes more linked into services...I find that until someone like myself goes out to see them that link does not tend to happen.....so I am going out to their home and I guess being able to offer these services when I go....from an assessment you do with a client, you uncover other issues..and what is important to me as a health professional...say to look after their cardiac condition might not necessarily be as important to them.....it might be...their housing

As mentioned above, time restraints and targets place pressure on staff which limit their capacity to work holistically. Staff have to balance meeting community need with finite resources and meeting funding measures and targets on the one hand with working holistically on complex and interconnected problems on the other. The issue is that the latter often involves considerable time.

A clearly articulated position description is necessary to ensure the purpose of a staff's core practice is met. However, position descriptions that have an element of flexibility allow for a more holistic approach to problem solving. Clearly these are matters for the organisation and management. It involves making decisions on how to work holistically within finite staff resources and requires leadership which balances holistic work practices with meeting funding targets.

Staff interviews – BCH CEO

Its a risk issue....they haven't got the authority...management have not given them that authority..but if we give them that authority the work they are commissioned to do won't get done....its a double edged sword..because we have external funding pressuresLet me take it down to the funding agreement, Community health program which is a global budget which allowed flexibility to move positions around...targets weren't that important, they weren't overly concerned with measurements. That now constitutes 28% of our business - the rest of our money is targeted money and when it is targeted money, it has measurements attached to it, that money can be taken off us The other side of it is the risk stuff, are people credentialed to do that kind of work, you have to go through the clinical supervision process, you have to go through evidence base, ensuring that the work they are doing cannot be challenged, that they are trained up for it. So their jobs are well defined now - their job roles are specific

5.5.3 The impact of professional training, perspective and interests

For most staff at WHCLS and BCH, their understanding of their roles or work focus is not only reliant on how the organisation defines their role, or the needs of community member's they work with, it is also defined by their own professional outlook and their capacities.

This was also significant for staff involved in programs and projects which attempted to work within the social model of health or access to justice frameworks. Such frameworks insist staff think outside narrowly defined professional and sector defined duties and responsibilities, to think about holistic service solutions. For community organisations, this also involves thinking locally. The advantages of collocation stated in the beginning of this section are made redundant when staff are not able to recognise the benefit of using each other's capabilities because they have a narrow definition of their work focus.

Analysis of the research data reveals that professional perspective and training impacts on staff's identification of community member problems and how staff work with the community to resolve these problems. Professional perspective and training influences how a worker defines their role and how best to use their skills.

For instance, the above examples, which look at how and when WHCLS lawyers work with other BCH staff, demonstrate that judgements about how best to assist a client come from a legal approach to problem solving. This is to be expected. As well, these judgements are based on professional ethics and risk issues in regard to working outside their professional boundaries.

Within both the WHCLS and BCH staff, risk and professional perspectives were seen as barriers to holistic and integrated service practice. This is particularly so when staff take a narrow view of the scope of their role based on their training and professional boundaries.

However the issue of risk has two contrasting impacts:

- Some staff participants spoke about feeling unqualified to raise issues with clients they felt were outside of their professional expertise. Though this was not always discussed in terms of "risk", the impression given was that staff would stick to areas of professional practice even when they felt other issues may be affecting the client because they felt unqualified to discuss these with a client. Staff sometimes seemed wary of venturing into discussion even if for purpose of referral and fearful of being able to make clear distinction between the service they could provide and when a referral would be made to another worker/program for an issue/problem.
- Risk was also discussed in context that if a worker identified a problem then it was expected of them (in community health) to follow up on it as part of their duty of care. This is in contrast to the narrow concept of risk. In this approach, risk is minimised through incorporating a responsibility to be holistic in practice.

BCH GP

But in terms of, you know, you do medical so you are not consciously thinking legal so maybe there are a few more clients who could stop by and get some assistance

BCH - CEO

the professionalisation of professionals has created a barrier to that happening.....professionals are much more concerned with occupational health and safety, risk management, am I safe.....

I don't think enough work is done in the schools to promote the holistic approach....I think professions are very near sighted, very insular...people we are getting are very focussed on their work.....they understand the client needs within the allied health cohort.....they don't see the psycho social issue and working with other professionals, they don't see how their profession could relate to a legal service...when they go into the home, they do the assessments...I am just wondering if they can pick up on signals, whether they can come back and talk to a counsellor ..I don't know whether they are not doing that or that when they get back time does not allow them to follow that through.....the pressures on. We need to meet targets

BCH Management

Health services are made up of a range of disciplines...and not all those disciplines may well understand the communities they are working with, the impact of exclusion, the impact of poverty, or the impact of the legal issues..family violence, crime, debt,

government institutions.....when that is better understood and when that is better developed that is when the connection is better made...I

WHCLS solicitor

I think it is a professional perspective, unless you have a holistic view, you might see that in isolation....I think it is a lack of understanding about a holistic system.....(needs) better training..

On line survey response

As (community health professional) we often assess disabled clients who are living in Office of Housing homes that require modifications to these homes to maintain their independence and safety eg. rail installations in the bathroom or ramps etc. and these are not actioned by Office of Housing in a timely manner and the clients health is at risk because of this delay. Although technically not a legal problem is it a basic Human Right to be housed in a safe physical environment?

On line survey response

I would believe that most of my clients have experienced some of these problems in the time I have been treating them, but I am not always made aware of these problems, so it is difficult to judge how often the clients I see do require assistance with these problems

WHCLS solicitor

(there is a) difficulty with “pop psychology” – difficulty of bringing up issues with client that are ‘relevant’ (which are the) triggers or causes potentially of “legal issue” – but if they are not identified by the client/or discussed by client – it is not the place of a legal adviser to raise them

Workshop on findings

Participant: specific workers of the centre, it goes back to training, recruitment policies, recruiting from a very small pool, changes in attitudes, Generation X and generation Y, funding and reporting, the pressures of wait lists.....
it is really difficult to change the mindset, there is a number of pressures on there, the training, to move people through, it just compounds to me the difficulty, this kind of data just confirms to me the difficulty around referrals and who does referrals, there is a bigger issue to me....

A worker’s professional training and ethics was seen as a facilitator of integrated practice when the focus was on providing holistic care to clients and community members.

BCH manager

Clinic nurses have all been trained/upskilled in how to do assessment and care plans – particularly for D&A assessment – this is a new initiative – clinic nurses moving away from just doing procedures to doing ‘care plans’ and drawing in other professionals for care needs other than medical service

BCH community nurse

Firstly it is policy. In my position, I think it is expected that if I identified an issue that I would link someone into a service, it is also a duty of care, not being negligent - if you know there is an issue or something significant you should link that person in...the client has to be willing and consenting to the service.....good working relationships....you have to prioritise - what is more important first.....if their housing, like in that example, that was the most important thing to her so that became a

priority to sort out that issue before anything else could commence...

WHCLS reception

Through the training, we have had a lot of referral training now, and we understand all the different departments and what they do.

WHCLS solicitor

We refer.We are trained and I am training the students to spot the (underlying) issues. I personally think in most cases there are underlying issues.....(we) try to train the (law) students not to just look at the problem that is presenting...there is always something behind most things....

Workshop on findings:

Participant: *maybe a lot of it is individual, I trained at La Trobe and a lot of what I was taught at La Trobe was ingrained duty of care advocating for your client*

Participant *so a lot of it is about training, and personal passion*

In the literature on multidisciplinary legal practice, the professional code of conduct and specific duties of a lawyer are often presented as a barrier to this approach. However in this research, this code of conduct did not routinely present as a barrier to WHCLS lawyers working holistically with BCH staff. WHCLS participants to the research stated there was a professional respect for confidentiality and a respect for the community and clients, which further ensured trust and confidentiality was not breached

WHCLS Director

I think it is managed really well.....everyone is so careful about client confidentiality....there are conversations in corridors but not with client names....when workers are working together they do so behind closed doorsit is not managed through any referral processes or protocols but through professional standards....

WHCLS Lawyer

For us as professionals, we are all modules with ethics around them and practices which we are told we have to respect and in fact if we don't respect we can be in breach of our professional obligations. In this building, we somehow have to marry our professional ethical obligations with the reality

However, there were some issues around confidentiality (such as referrals made through email) and conflict of interest issues with family law that were not well understood amongst WHCLS and BCH staff participants. The research identified limitations on staff knowledge in regard to these issues.

Another example of potential conflict for WHCLS is if it represents one community member against another. This is different from the professional prohibitions against representing two opposing clients concurrently or a current client against a former client. This is more of an organisational conflict. BCH and WHCLS are often seen as one organisation by community members. If they see 'the other party' is represented by the WHCLS, they may feel alienated from using the services and programs of BCH. As a consequence WHCLS has an unwritten policy of not representing community members against other community members.

The research also identified wariness on the part of WHCLS to embrace formal

referral processes and staff stated they would refer to and work with other staff they knew and felt they could trust.

WHCLS Solicitor

Occasionally somebody will raise that as an issue, but it comes very much from outsiders, who have this paternalistic appreciation of the professional ethics and obligations and are frightened that professionals in places like this do not appreciate what their obligations are, so they want to document it. It is a bureaucratic view of the professions.....we are not a government here.

The only things are the medical services..but that's only because I have not connected with them...it is not that I would not send them, its just that I have not connected...but I'm wondering if that is that doctor lawyer separation stuff....

There could be better understanding between staff at both WHCLS and BCH on professional ethics and the impact these may have on how staff work. This would potentially increase holistic service provision and help professionals to recognise the similarities and differences in their practices, ethics and work focus..

5.5.4 Joint identification of community need not just delivery services

The research observed that there were limited examples of collaboration between WHCLS and BCH staff in identifying common community problems and working together to address these problems. Two illustrations were the joint work with the West Heidelberg Residents group and the discussion begun between WHCLS and community nurses on the needs of community members with chronic disease.

Significant systemic issues impact on the community. The systemic issues noted by BCH staff participants to the research as encompassing a large part of their work relate to low income and housing, health issues and chronic illness and access to services. However, staff participants also commented they had not worked closely with the legal service on these systemic problems. At the time of research, there were few joint projects operating between WHCLS and BCH. A significant factor in this situation was limited staff resources at WHCLS .¹⁷

The worker diaries illustrated a number of informal interactions amongst staff where prevalent community problems were discussed and professional and sector knowledge shared. Many of these interactions involved BCH staff contacting WHCLS for professional advice on legal issues facing community members. Usually information or resources were provided by WHCLS to assist BCH staff in work with community. Some interactions are instigated by WHCLS to provide legal information like promotion of WHCLS upcoming training on Human Rights Charter. Some interactions involved identifying community problems and further discussions were planned to organise and plan joint actions.

There were no interactions noted in diaries which involved current projects or programs running between WHCLS and BCH. Few interactions involve BCH staff informing WHCLS of community health or participation projects or sector knowledge and few involve WHCLS staff seeking out this information or advice. It is noted there is a number of interactions between WHCLS staff and Neighbourhood Renewal worker. These largely involved WHCLS introducing themselves to a new

¹⁷ The situation has improved with the appointment of Director of WHCLS

Neighbourhood Renewal worker, attempts by WHCLS staff to continue relationship with Neighbourhood Renewal Resident's Group project and promoting WHCLS training on Human Rights Charter.

Worker Diaries

BCH Manager

Date 11.05.09 Email to Clinical education solicitor to discuss community problem. Information was provided and further strategies planned.

Date 30.05.09 Informal catch up with Principal Solicitor to discuss needs of a community member. Worker requesting guidance on how to write a support letter for legal matter. Solicitor checked letter.

BCH – Financial Counsellor

Date 14.05.09 Informal catch up to discuss community problem and possible law reform project. Regarding prepaid funeral scam.

WHCLS – Director

Date 11.05.09 Discussion in passing in hallway with BCH emergency relief worker to discuss the needs of a client. Resources were provided to worker and further strategies planned.

Date: 11.05.09 Discussion in passing with Forensic Counsellor to discuss community issue and community legal education. Information shared and request made for WHCLS to create own publication on "know your rights" for young people.

Date: 13.05.09 Popped material on legal referral information in forensic counselling service office.

Date: 13.05.09 Informal catch up with Gambler's Help worker to discuss a client issues. Information on legal sector and CLCs share.

Date: 15.05.09 Discussion in passing in corridor with forensic counsellor – information and resources provided

Date: 15.05.09 Discussion in passing in lunch room with Neighbourhood Renewal worker to discuss community problem. Information and resources were provided.

Date: 18.05.09 Discussion in passing with Neighbourhood Renewal Worker to discuss community problem. Organised to have further discussion on community needs.

Date: 19.05.09 Discussion in worker's office with Dual Diagnosis project worker to discuss inter-professional issue – Human Rights Charter in respect to mental health. Information and resources provided.

Date: 22.05.09 Dropped information into Problem Gambling, health manager, dental manager, OAE, BCH Ceo and dual diagnosis project worker.

Date: 22.05.09 Discussion in passing with Dual Diagnosis, Health for Life, problem gambling and OAE to discuss community problem. Information and resources provide.

Date: 27.05.09 Organised meeting with Neighbourhood Renewal worker regarding advocacy and community participation.

WHCLS Solicitor

Date: 12.05.09 Discussion in passing with Gambler's Help, to discuss inter-professional issue. Information provided.

Date: 12.05.09 Discussion with Neighbourhood Renewal on interprofessional issue. Information provided.

Date: 13.05.09 Organised meeting with general counselling to discuss needs of a client. Information provided.

Date: 13.05.09 Telephone call to discuss the needs of a client. Information provided to assist worker

Date: 13.05.09 Telephone conversation to discuss organisational issue – conflict of interest query

There were examples of staff working on legal related issues but not seeking assistance from WHCLS. For instance, the BCH Somali community worker stated her work had become predominantly focussed on housing problems as this was a major issue for the Somali community in West Heidelberg. It was also part of her approach to engaging the community and building a relationship based on trust and positive outcomes. The Somali Community Worker stated she had taught herself about the public housing system through her every day work practice; she often needed to use Victorian Civil and Administrative Tribunal (VCAT) and so taught herself the mechanics of this system. WHCLS provided little assistance in regard to this.

BCH – Somali Community Worker

Usually I am on my own but when it comes to tribunals and most of the way the legal system is set up doesn't help, they don't go and represent people (at VCAT)...they just do, I think criminal and traffic offences, but the tribunal they don't often come with people ... before (the current clinical legal education solicitor) came... before there was not much help around. There was a time when there was a lawyer who helped with family, but he is gone. And (the principal solicitor) mostly does traffic offences - he does not do tribunals and stuff - the clinical legal education solicitor makes a difference, she tries to help a lot, but the problem is she is too busy with the clinical supervision, but she is a really approachable person, nice person, I like her!

Interviews with BCH medical general practitioners also raised the prevalence of housing and income problems for the community who used this service. There was limited recognition by the doctors, until recently, of how WHCLS may assist with these systemic rights issues faced by the community. The identification of the link between problems and service solutions is noted here, as is the work and training focus of staff.

Staff Interviews – BCH GP

Endless forms. Disability, sickness benefits, special notes. And again, I have not associated legal issues with housing and centrelink but maybe I should because that is an enormous part of what we are doing here and there is the usual fines, court cases, allegations, incarcerations.....I was involved in a case last year which had enormous media attention... the legal person here said "if only you had sent her up the day you saw her ...it would have been much easier" ..and that was quite right, and then I had to look at the reason I didn't....it didn't quite occur to me because it was not a legal issue at that point....the reason I didn't, the constraints,.... but that was an unusual case, because it became a media circus.....Maybe I did not have the reflex of sending to legal as quickly as I could have, but in my own defence, not that I need it, I did not foresee what was going to happen.....that was an unusual one, but, otherwise, I did not really know a lot about the housing side of things - centrelink, income.... I don't know anything about those two bureaucracies, Centrelink and housing, its just a big black hole really.....

I suppose ignorance. Specific guidelines, I didn't know about this housing business that (the WHCLS director) half presented on recently and the role with Centrelink, again, I just don't know. You think legal, you think criminal justice or maybe family but I don't do family law, so again I thought it was pretty much for people who got in trouble with the law, often drug users, go and get advice. I did not think about the social justice side of things. And that's just probably ignorance, not seeing or being in direct contact.

Staff also noted having time and capacity to work with other organisations was important to not only identifying joint opportunities for working but also being able to actually do so.

BCH – Community Worker

One of the things I have noted....most of the issues are quite complex....we need to interact with one another....there are focus groups ..on particular issues...often it can be difficult, you are not always available to attend... but more and more we are realising that a more holistic approach to helping a client is much better than the closed approach.....

BCH – Community Nurse

we are certainly more focussed on funding.... and our new system of data collection, Trak It, is wholly and solely based on clients. We do so much work that is not necessarily client content, we work with other organisations, because we have been here for so long, people use us for advice, we get asked to go on committees, we are told you need to develop partnerships...that involves time commitments,, meetings...people who work in hospitals don't usually come out of the hospital we have to go to them but on the other hand we are expected to see clients 6.5 hours a day

It was also noted, taking time to think outside your professional understanding was important in gathering a holistic understanding of a community members or community problem.

WHCLS solicitor

There are times, when we run as professional modules doing our own thing and discovered later we are looking after the same people and we have not even talked to each other. Finding out how that has happened is really hard. I think it can be answered quite simply, by people saying are there any other services you are attending?....We forget to do it. As professionals we go about our own thing. We need to remember this is a big place....it is a really important question, but that's when we know we have failed, and I have had that experience after ...we have run the case..waiting sentencing and then I discover there is this fairly significant link.....I haven't asked the question....you can't expect the members of public to know what to tell you....they're flat strapped, they're under pressure.....

The way in which staff identify problems and solutions to these problems is linked to the development of joint community programs and projects to address prevalent community problems. There were examples of staff feeling as though WHCLS and BCH were not working together on significant community issues.

BCH staff online survey response

..... family law issues, family violence and child protection were very significant.....it as a distinct disadvantage that WHCLS (do) not deal with family law cases as it was often very difficult to refer clients to a solicitor competent and experienced in family law issues, and one that they could access through legal aid, which they virtually all needed.

I really think family law is a glaring gap in service provision but it might be that I just don't fully understand why this cannot be offered.

BCH - CEO

an acceptability out there at the moment that (aspects of social exclusion) are people's lot, that's the way it is that's the way it is always going to be

5.6 Trust, Respect and Confidence

The research identified when staff knew and trusted each other they worked well together. Factors which influenced trust, respect and confidence in other staff were: experience of working with each other, having a common focus, approach and values to their work; and leadership in promoting opportunities for staff to know and work together.

5.6.1 Knowledge and experience

BCH respondents to the online survey were asked if they felt they had sufficient knowledge to make a referral to WHCLS. The majority of respondents (53.8%) stated they did feel they had sufficient knowledge although a significant minority did not.

Respondents were also asked what other information would assist them to make a referral to WHCLS. The majority of all respondents stated further information on type of service delivered, eligibility for access and waiting times.

What further information about West Heidelberg Community Legal Service would assist you?

| Answer Options | Response Percent | Response Count |
|---|------------------|----------------|
| Type of service delivered | 79.1% | 34 |
| Eligibility for access to service | 81.4% | 35 |
| Waiting Times for service | 72.1% | 31 |
| Please specify any other areas of service provision or legal assistance that you think requires further development | | 8 |
| answered question | | 43 |
| skipped question | | 19 |

The responses to the online survey indicate that a high percentage of respondents for both Counselling and Community programs team stated they felt they had sufficient knowledge to make a referral to WHCLS. In contrast a greater percentage of the clinical services team felt they did not have sufficient knowledge to make a referral than those who did. Service Access respondents reported a higher percentage having sufficient knowledge to make a referral to WHCLS despite a smaller percentage ever having done so. All Dental services and Reception respondents who see clients at least weekly reported not having sufficient knowledge to make a referral. All respondents felt their service awareness of WHCLS could be improved.

This section also provided space for free text answers on other areas of service provision or legal assistance respondents felt they needed. The following answers were given:

Info on what students can and can't do. The structure within the WH Legal service

Survey 8, BCH - General Counselling

Type of work that you cannot provide

Type of work you can provide

Whether the client will see students or qualified practitioners

Are there other specialist community legal services for work you cannot provide

Survey 17, BCH - Dental Services

Having been around for a while, I am relatively clear on these issues, however I think that getting regular information to staff at BCH is important considering the large staff numbers and the high turnover in some teams. Staff can sometimes stick to what they know and not think beyond the presentation of an issue. Access to information and awareness of services would expediate more appropriate referrals or create opportunities for building capacity of BCH staff to better identify justice issues.

Survey 22, BCH – Management

I think I am reasonably familiar with all of the above but my knowledge probably needs up-dating.

I really think family law is a glaring gap in service provision but it might be that I just don't fully understand why this cannot be offered.

Survey 23, BCH - Gambler's Help

Not sure of the scope of assistance you are able to provide.

Survey 41, BCH - Speech Pathology,

Outreach services to West Heidelberg community - Centrelink and housing concerns mainly.

Survey 46, BCH - Neighbourhood Renewal

I have a good understanding of the service

Survey 52, BCH - Community Health Nurse,

The above answers indicate there is limited knowledge of WHCLS services and capacity amongst BCH staff, and limited updating of service awareness between BCH and WHCLS. It also indicates BCH staff (including management) consider it is WHCLS's responsibility to generate this knowledge. This is significant as organisationally BCH has greater access to resources to promote service awareness and capacity building of staff. This is further discussed in next section.

BCH staff respondents were also asked if they had any contact with WHCLS other than for a specific client or community legal problem.

Other than for a specific client or community legal problem, do you have (or have you had) any contact with West Heidelberg Community Legal Service? This could include contact for IT or HR support, organisational issues, board of management involvement, discussion on policy/program issues or initiatives.

| Answer Options | Response Percent | Response Count |
|--------------------------------------|------------------|----------------|
| Never | 41.2% | 21 |
| Once or twice a year | 35.3% | 18 |
| At least once every three months | 11.8% | 6 |
| At least once a month | 3.9% | 2 |
| At least once a week | 7.8% | 4 |
| Please specify reason(s) for contact | | 17 |
| <i>answered question</i> | | 51 |
| <i>skipped question</i> | | 11 |

Contact was made with WHCLS for a variety of reasons. Sometimes it was contact at staff meetings or inter-organisational training. Sometimes it was for organisational issues or the signing of legal documents. Other times contact was made to discuss a law reform issue, legal issues or projects at BCH, possible community projects to address community needs or WHCLS law reform projects.

Interestingly it was only management respondents (who had at least weekly contact with clients) (3 out of 4) who had frequent contact with WHCLS for reasons other than for a specific legal problem. Overall management respondents reported frequent contact with WHCLS. 5 out of 7 stated they had contact at least every three months and only one respondent stating they never had contact with WHCLS. This indicates there is good knowledge amongst most BCH managers of WHCLS

No clinical services team, dental services or reception respondents stated they had regular contact with WHCLS for reasons outside of specific client or community legal problems.

Both the counselling and community programs teams recorded a low and similar percentage of respondents who reported having regular contact with WHCLS for reasons outside of specific legal problem.

These findings suggest:

- Knowledge of WHCLS depends greatly on shared client need and shared service delivery and not on formal networks or organisational processes which generate knowledge about WHCLS through BCH
- Most staff did not recognise the informal contact they have with WHCLS through being co-located. This may be because, for some staff, contact might not happen. But as the research observed those staff who were located near WHCLS had constant contact with staff. The staff diaries also indicated a number of informal interactions. It might be that staff do not recognise these informal interactions because they have always happened. WHCLS and BCH have been collocated for longer than any worker has been employed at BCH and WHCLS.
- The Counselling and Community programs teams have greater awareness and relationship with WHCLS than Clinical services team.

As discussed in previous sections, the reasons for this can lie in the work focus, opportunities to work holistically and professional training of staff. The knowledge staff have about each other, the respect they gain through experience of working together and the confidence in each other's abilities and approaches through building a working relationship with each other can be largely attributed to working with community members who require assistance from both services.

BCH staff – online survey response.

I refer clients to WH legal service because it is convenient and I generally get a quick response. Also because I have had some good outcomes with WH legal Service. Saves extra hassle and stress for my clients who tend to have complex issues and are quite disempowered already. Then they don't have to go elsewhere and start all over again with their story. Sometimes because I have seen them for a few sessions I have a handle on their story and can then relate it quicker to save the Legal eagles the time of sifting through a client's story.

BCH staff – online survey response

(I refer clients to WHCLS) because of positive results achieved by clients in the past.

*Many clients presenting for Emergency Relief Assistance have complex legal problems impacting on their everyday lives
Recognising the importance of clients being offered the opportunity to address underlying issues/problem of a legal nature*

BCH Community Nurse

I had a drug and alcohol client, who was on occasions quite aggressive...and he threatened to do something....first thing I did was ring the Principal Solicitor....and ask what are my obligations....and we have been doing that for years.....also around child protection issues...because we have clients where they are at risk, their children are at risk but you also don't want them to disengage, if you don't have to, obviously if you have to make a notification but if you can avoid it, if you can be fairly confident that that is the right decision, you still have to know if that is legally the right decision...in those situations, I have always rung (principal solicitor) because he has been around and I have known him for such a long time.

WHCLS Lawyer – Lawyer survey no. 26a

Lawyer will probably only contact this worker – ex BCH worker now working at another organisation (there were a number of supports involved with client) because lawyer knows him. Lawyer feels they have “shared values and respect the way each other work – have flexible approaches to work and are truly client centred”.

The collocation of WHCLS and BCH allows staff to use informal methods of communication, much of which is done face to face. Staff diary entries indicate that most communication between staff occurs in an informal way (popping in to see each other, meeting in corridors or lunch rooms, phoning). This may lead to more formal meetings being organised regarding a client or community issue. These informal contacts often lead to the identification of common practice issues being raised for further follow up or ensure appropriate referrals are being made or allow for quick and easy follow up on referrals or client and community issues. It also allows for easy passing on of information through the intranet or by dropping information into staff or popping into offices and having a quick chat.

Getting to know other staff and developing a trusting and respectful working relationship with them is essential for integrated practice between staff. The face to face contact seems important not only in terms of developing relationships between staff but also in terms of making sure things happen. For example, constantly running into each other or the ease of popping into an office means issues or client needs can stay on the agenda amongst staff.

A critical factor involved in the success of communication between staff in collocated services such as WHCLS and BCH seems the willingness of staff to be open to

informal communication. For example, popping up to see someone or stopping someone in the corridor to talk. When a good working relationship between staff members is established this seems to work well and the research demonstrates some staff members were proactive in establishing these relationships. But, such informal methods of communication and co-working was not evidenced between staff from all disciplines, services or teams within the two services. There may be a number of reasons for this:

- lack of identified common interest;
- lack of knowledge of services;
- lack of time or flexibility in work practice;
- different methods of practice
- location within the building

WHCLS solicitor

If for example, we had an integrated approach for our client ...say someone presenting with burglaries, and I refer to counselling and counselling refer to mental health. How do I know that the client's legal information is not going to be used in the way that is in my client's best interest.....if there is one or two people crucial that the sharing of information is client driven....when I think about my concerns, it is because I do not have those connections with some of the other services. Those connections that I have made I do trust (their professional judgement)...those connections that I have not made that is where my wariness lies.

The only things are the medical services..but that's only because I have not connected with them...it is not that I would not send them, its just that I have not connected...but I'm wondering if that is that doctor lawyer separation stuff....

However, for those staff members where informal and flexible communication methods are accepted practice, the opportunities afforded by the collocation of the two services seemed to enhance and benefit communication in regard to client issues and identification and facilitation of common service delivery and community issues.

BCH Community Worker

I, personally, value the expertise the staff of the legal service. From the front desk people, when you take client's first come in and see a receptionist. When you take a person and introduce them, the way they respond can be really great..and I have appreciated this because it sets a scene, they feel comfortable...maybe they might have to wait to get an appointment at least they know they have an appointment....it leads onto building up with the client in the time leading up to the appointment...helping the person to write down some questions they might want to ask on the day...preparing them when they do go....one thing client's have said to me is the way solicitors at the legal service are so friendly and wanting to work with the client and support them, give of their time, and it can be very time consuming ...they need to build up a case if they are going to represent them in court and if it is the first time that person has met the lawyer it can take some time for that person to open up and feel comfortable.....

WHCLS Reception

You can call on somebody that you know, you can ring somebody downstairs and say look I am really sorry but this person desperately needs to see somebody today and you can sort of help each other out. Whereas if it was somebody I didn't know, yeah its very hard to call favours.

BCH Community Nurse

(WHCLS Lawyer's) responsiveness, and the responsiveness of the whole legal service really. Generally speaking legal services are places where people need to make an appointment, where people are fairly inflexible and that is not the case here. All of us who work here feel that the legal service responds to our needs very quickly.....just let me check if (they) are available...(Principal solicitor and the Director) will always have a chat....they are available....they are flexible that they will come out and have a chat, or I will go in, at that moment.....if it is something that takes a bit longer I will make an appointment

WHCLS solicitor

.if they are in a situation where they do not know where to go with a clientyou know a drug and alcohol worker who really has a complex client and they know they can pop upstairs and say look I am not sure I am doing the right thing with this person, or I think i might have to call DHS, what are my obligations here.....then as a legal advisor, they know they have got that support ..then again when you are dealing at that pointy end you need to know, sometimes very quickly and so that means they can just come up the stairs and just knock on the door and come in and .."like I have to give evidence in court tomorrow and I am really worried...I've done the report but I am a little bit worried about it" and you can take them through it.....so from the point of view of workers here, aside from the regular stat decs we do for them workers about their health or their absences...but that is all part of it...you know it is the little things you offer, you know I will often have people coming in one day for a stat dec and say "while I am here" and it is a trigger, "there is this particular thing that has been worrying me about this patient, client whatever"it triggers because they are in a legal context, they will often stay a bit longer and discuss client issues, so even though it drives us up the wall, it is actually a good service we can offer the workers.....it means they are bouncing up and down the staircase and we get to know them and ...

5.6.2 The right people for the job

The collocation of WHCLS and BCH and the opportunities it creates for relationship building, facilitates staff increasing their knowledge of the work practices of other professions. The “demystification of lawyers” was noted as a significant advantage of the relationship between the two organisations. This was significant not only in making a legal service more approachable for the community but also for other staff. The influence of staff at WHCLS being responsive and approachable was identified in the research. This was seen to break down professional stereotypes and lead to a decrease in conflict occurring between staff due to misunderstandings of roles.

Workshop on findings

Participant: *Law as an hegemonic discourse, history and tradition (of WHCLS and BCH) have demystified it and given it access to people who are right on the marginsanyone can approach (the WHCLS solicitor)...that's really good because it breaks down that fear...*

A major influence on the culture of an organisation lies in the staff employed within it. Having staff who support an integrated approach makes a difference to whether an organisation is able to adopt a holistic approach to practice. Similarly staff in direct service delivery having the right approach to work holistically was identified as a significant factor in staff working together.

In the context of BCH, employing staff who want to work in community health or from a holistic "social model of health" is essential. This was identified as the capacity to:

- identify the complexity of a community member or community problem(s),
- to work with the community member on these problems as defined by them.
- to have the passion and commitment to solving problems in ways that might be outside of a staff training or job description, and may involve a perspective of professional ethics which incorporates a importance of a holistic view of problems.

There are several impediments to having the 'right people' in the organisations. It was described as difficult to find professional staff who wanted to work in the community sector. Additionally the "risk" issues and "over-professionalisation" of work roles was described as an impediment to staff working in a holistic way as staff were fearful of working outside their training or fearful of clients/community members.

Management involvement, professional training and work duty responsibilities also seemed to have an influence on when and if staff approached issues in a holistic manner.

BCH Manager – Staff Interviews

I think agencies like BCH and WHCLS agencies want to employ the best people possible...and good professionals want to get the best possible outcomes for their clientcontributing to staff ongoing support...good staff want good outcomes for clients.....because when people, particularly from low socio economic backgrounds, walk in the door they come with a whole host of issues - professionals are not always capable or trained to provide all those services.....if you look at the skills of a community nurse in a community health centre and the knowledge that they bring because of the range of capacity building and professional development opportunities they have come across in their time in a community health centre - they would be able to deal with a whole range of situations and scenarios that other nurses might not be able to deal with.....the internal training from the community legal centre on human rights...translates to a better capacity of health service staff to respond to need.....

A friendly face, feeling respected, feeling that a worker had listened to them, feeling as though they were capable and willing to help were things that seemed to matter to clients when they engaged with a service or program.

"Knowing people" and feeling that they would be approachable, flexible, supportive and willing to provide assistance was cited by staff as important in developing good working relationships with other staff and providing good referral practice and joint working relationships for clients. Feeling as if there was a common bond to do well by the community and clients the organisations worked with - "we are all here to help the community" - seemed to promote a good working environment for staff and good outcomes for community members. Staff seemed to enjoy this feeling and enjoyed working with other staff who they felt shared this commitment.

WHCLS solicitor

It just makes it easy, it feels like we are all working together for a common goal, which is to improve the well being of the community, so it is easy to make those connections.....

BCH – Somali Community worker

if there are other services holistically working with me that would solve a lot of my problems.... Well for me it is very advantageous, when people are helping me with my work,...when people are helping me, facilitating my work, it makes me proud, it increases my self esteem, my confidence. I feel like I have people who really like me, to work with me, instead of me working in isolation, struggling on my own to find my way around....I think what the call is "a problem shared is a problem halved"

BCH – Community Nurse

(if legal service was not here and did not have relationship with them) I would not have that same relationship with the people who worked there, I would not feel confident to talk to, I would not know who to talk to

Engaging people, building trust and rapport was described by staff respondents as important in ensuring that clients felt comfortable in raising issues and seeking advice or assistance. Staff who were able to do this cited being able to be flexible in their work approach, supported by management to work holistically and recognised that the most vulnerable and disadvantaged clients often did not know what help to ask for, did not feel confident to seek it out and were not sure they had a right to do so.

Section 6 The Organisations

WHCLS and BCH have worked alongside one another for over thirty years. Organisations can have a significant impact on the successful provision of integrated services. In this section the structure, funding and culture of both organisations is examined. The benefits for the organisations, of collocation and the sharing of resources, are identified as well as how these aspects influence the identification of community needs and solutions. In the final part the importance of organisational trust and respect is detailed.

6.1 WHCLS and BCH – Structure, funding and culture

“The services have worked alongside each other for a long period of time. The respect and trust has been well established”

BCH Manager

WHCLS and BCH have been collocated since 1978. They are distinct organisations with separate governance bodies and funding sources. They coexist in the one space, work within the same locality, with the same or similar community demographic. The relationship between the two organisations is described as ‘organic’, ‘historical’ and ‘personal’. It has developed through the history, values and relationships of people rather than through formal organisational protocols or being driven by sector demands.



Figure 2. Sign in entrance foyer of BCH.

6.1.1 Governance structure of the organisations.

WHCLS is an incorporated association. It is governed by a voluntary Committee of Management of 12. This includes a Chairperson (currently, Manager of BCH Community Programs), a La Trobe University representative, a Banyule Community Representative (currently, the CEO of BCH), a staff representative (principal solicitor)

and 4 community representatives. There is currently (and has historically been) members of the Management Committee who are also on the Board of Directors of Banyule Community Health. A manager and CEO of BCH currently also sit on the Committee of Management.

The significance of the transfer of knowledge at a governance level was remarked on in staff interviews and the workshop on findings conducted for the research.

BCH CEO

.....cross over of governance (of the boards of management) is very important in terms of the way understanding is created....governance has to be involved at that level (in integrated service) otherwise it is just up to the workers. Workers come and go but people who have a vested interest in the community stay and the relationship needs to be enhanced at that level, its fundamental,...(otherwise) it becomes another program, nobody understands it anymore, then you might have a change over of board and you might find that strong decisions need to be made over space, next thing you know the legal service is out..

BCH Management

we have the... set up of the governance structures where ... people have been involved in the community health services governance structure and the community legal service's governance structure...where they are knowledgeable of the work that has been done in both centres.....ensuring the partnership has flourished and never fallen away....

Banyule Community Health is a community owned and managed non profit company that operates for the public benefit in partnership with health professionals, the public and other agencies to empower the community and advance health and welfare services.¹The Banyule Community Health *Quality of Care Report for 2008/9* states:

Our governance and management is driven by the community for the community, with membership open to anyone from the Banyule community. We are governed by a Board of Directors that is elected by members at our Annual General Meetings....²

The Board of Directors consists of nine positions. The Board of Directors responsibilities, amongst others, include:

- Regular review of BCH's vision, mission, goals, aims, objectives and policy parameters in line with government policy and community needs.....
- Ensuring BCH is accountable, responsive, accessible to the local community
- Ensuring BCH takes an active role in local and regional health planning and appropriately integrated with other service providers to ensure service coordination.³

In the governance of BCH, there is an emphasis on the organisation

- being accountable to the local community by adequately addressing community needs, providing high quality services and having means for community participation in the organisation.
- being accountable to policy and funding requirements set by government and other funding bodies

¹ Banyule Community Health website accessed 21 July 2010 <http://www.bchs.org.au/>

² Banyule Community Health (2009) *Quality of Care Report 10*

³ Ibid

- being involved in integrated local and regional planning of services with other service providers.

6.1.2 Funding and Resources

WHCLS is a small community organisation with a recurring budget of \$229,000.⁴ It employs 4 permanent staff. Three staff work part time. In addition, a La Trobe University academic staff member supervises the clinical legal education program at WHCLS. She is at WHCLS during semester three days a week. During the period of the research there was also a part time solicitor engaged in project work. The small size of the organisation was remarked on by a number of research participants as significant to the organisations ability to participate in integrated service practice.

At the time the research was conducted, WHCLS had no formal organisational policy on partnerships, referral processes, access to services or confidentiality.⁵

The following organisational objectives are listed amongst five stated in the WHCLS *Annual Report 2009* :

- To empower and support individuals in the community to access the law and legal system through the provision of information, advice and casework services.
- To empower and support community members by improving knowledge and understanding of the legal system through community development and law reform work
- To participate in partnerships which promote development of client services and improve client outcomes through effective lobbying and advocacy⁶

In March 2009, following an organisational review of WHCLS conducted by the Committee of Management, a Director's role was established. This position was created to manage the operation of WHCLS and to:

Foster key strategic relationships, (grow) the opportunities of the legal service, (undertake) community development including legal education and law reform work.⁷

The Director states in the *West Heidelberg 2008/2009 Annual Report*:

Using [the] valued partnership with Banyule Community Health, the WHCLS seeks [through integrated service] to work collaboratively to effectively reach clients who might otherwise not seek legal help. We seek to holistically resolve a raft of legal and non-legal issues.

The creation of the Director's position was a reflection, by the WHCLS Management Committee, of the important place relationship building and partnership work has in the work of WHCLS. The significance of the relationship with BCH is central to this work. BCH is identified as the connection for WHCLS to a range of other services and programs and the link to reaching the community who are not walking through WHCLS's door.

In the legal sector, there are few policy resources or systemic initiatives to support WHCLS in its integrated services or partnership work. Whilst the research

⁴ In the financial year 2009/2010 , WHCLS revenue, with grants and one-off funding, was \$302,000.

⁵ Policies were in the process of being developed.

⁶ WHCLS *2008-2009 Annual Report* 8

⁷ WHCLS *2008-2009 Annual Report*. Director's Report

participants recognised the importance of this work, there was also recognition that it required the allocation of time and resources.

BCH Manager – Staff Interview

the other area that is a challenge is around that capacity building area, relationship building, legal services are generally small, often busy, often underfunded agencies, where services are really challenged to do the work required like connecting to the health service.....

WHCLS Director – Staff Interview

. by the time I have come through this front area I have said hello to three or four people from... key different agencies before I have sat down at my desk. If you are a stand alone you have to physically go out to those offices, I tried doing that recently with (a community agency)it takes a lot more time, a lot more resources, you need to fit in with them because they might not have the time.....

Banyule Community Health is a much larger organisation than WHCLS, employing approximately 140 staff and offering a range of health and welfare services to the community of Banyule. The annual budget is \$9.75 million.⁸ These services and programs are funded by a number of government departments and funding bodies. The Department of Health (formerly part of Department of Human Services) provides the majority of funding. Services and programs are run from within BCH's own purpose built building. BCH employs a CEO and seven management staff. Organisationally, it is large enough to employ Information Technology, Human Resources, Quality Assurance and a range of administration support staff.

BCH has developed organisational policies on partnerships, access and eligibility, service coordination and privacy and confidentiality, amongst others.

BCH state:

Banyule Community Health provides services primarily to the City of Banyule..... Connecting with the disadvantaged, the disconnected, the isolated and priority population groups is the focus of many of our services.We do not just wait for people to just walk through the doors. Our services provide outreach models, support groups, education classes and referrals and population based interventions.....⁹

Different services within BCHS operate under various funding guidelines, which detail any specific boundaries for service and priority of access to services. The major funding body is the Department of Human Services (DHS – the funding now comes mainly from Department of Health), which funds programs and services under:

- the Community Health Program (CHP),
- Drug Treatment Services,
- Home and Community Care (HACC), and
- Dental Programs via Dental Health Services Victoria (DHSV).

Other funding is received from the Department of Justice Community Support Fund (Gambler's Help), Medicare, the Federal Dept of Family and Community Services (Emergency Relief) and the City of Banyule.¹⁰

Banyule Community Health is committed to the development of positive partnerships with the community and sector that will deliver healthier communities. It believes that working in partnership with other organisations will:

⁸ Banyule Community Health *Annual Report 2008/2009*

⁹ Banyule Community Health (2009) *Quality of Care Report 2*

¹⁰ Banyule Community Health *Eligibility to Services Procedure Policy*

- Increase resources for joint projects
- Improve access to services through better communication between partners
- Build the capacity of the health service system for the delivery of services to the community, and the capacity at an individual and community level to resolve health problems
- Minimise duplication of effort and services. ¹¹

The size, diversity and sophistication of BCH, as a community organisation, reflects the systemic funding and resources available to community health organisations. The organisational policies and procedures, developed by BCH, are influenced by sector wide policy, frameworks and guidelines. Partnerships, Service Coordination and Quality Assurance policy and procedures at BCH, and staff resources dedicated to developing and maintaining these policies and practices, reflect standards, policy and initiatives instigated and required by the Victorian health sector. The impact of these on provision of integrated services is discussed in the next section on Systemic issues.

Partnerships and integrated service practice at BCH is regarded as a significant area of work for the organisation. It is part of the agenda set by funding bodies for community health services and primary care agencies and is recognised within the organisation as having the potential to increase and enhance services to the local community.

6.1.3 Purpose Built Accommodation

In 2007, a new architect designed building was opened on the original site BCH had occupied since 1975. It houses BCH and WHCLS. In 2005, when BCH received funding from the Department of Human Services to construct a new purpose built community health centre, the current BCH CEO, with the support of the BCH Board of Directors, advocated for space to be allocated within this building for WHCLS at no cost to WHCLS.



Figure 3. Main entrance of Banyule Community Health

¹¹ Banyule Community Health *Partnership Policy*

In 1996, La Trobe University had made a “substantial financial contribution” to WHCLS, which allowed for the construction of an annexure to the then BCH building. This new space housed WHCLS as well as some BCH programs. The advocacy by BCH for WHCLS and La Trobe University’s clinical legal education to be accommodated in the new building was in part prompted by a recognition of the past support from La Trobe University and the relationship with WHCLS. Within the current building, there is dedicated work space for clinical legal education students and academic staff.

BCH CEO

I advocated that the legal service have a space in the new building.....DHS paid for that....a huge commitment and a huge commitment by the board....the board could have gone, "too hard, we need that space"¹²



Figure 4: Clinical Legal Education room at WHCLS – a space dedicated to this program in new purpose built BCH in West Heidelberg.

Throughout the research, participants had various ideas and understandings of how the physical building influences integrated service practice between the two organisations. Staff participants spoke of the advantages of the new facility as a comfortable place for staff to work and for the community to access services and programs. In comparison, other participants spoke of the structure of the new building as being too clinical. They felt the old building allowed for a more informal connection with the community and between staff members.

BCH Manager

we have a beautiful new facility, that helps, it is a big facility and there are challenges in that there are 140+ staff in it and of course not everyone knows every one intimately, but people have the opportunity to come together in the facility, it is a pleasant place to work in

WHCLS Reception

¹² La Trobe University, Banyule Community Health and West Heidelberg Community Legal Service *Memorandum of Understanding*, 2008

so the facilities, when I went for the job, the facilities were definitely a bonus for me.....(so it attracts staff?) Yeah, and clients to. People walking past, 'I might just go in here and see a Doctor, it looks nice'.....

BCH CEO

but the connection between this organisation and the community....the divide is getting bigger and bigger...the intimacy is gone...look at the building....the building was built around three criteria....staff only access, staff and client access, client areas.... this building used to be an organic building, this was a community building, clients could walk anywhere they want, relationships were built on that, relationships that weren't formalised, corridor conversations, meetings in the reception room. We have different staff entrances now, staff don't even walk through the reception area.

The previous sections of the report have spoken of the advantages to community members and staff of having a number of services and professionals located in the one building. WHCLS pay a small rent for their collocation at BCH, which includes utilities except for phone costs. As well as access to a range of services and professional expertise, the collocation within the BCH building provides WHCLS access to office space, (including large rooms for functions, staff rooms and filing space) cleaning, security, maintenance and parking which are all managed and organised by BCH staff and resources. WHCLS Director and office staff spend minimal time on the operational side of the building.

6.1.4 The shared history of WHCLS and BCH

The history of the relationship between WHCLS and BCH is discussed in section one of this report. This history and connection between governing bodies and staff was identified in staff interviews as significant to the organisations working together over a long period of time.

BCH Manager

People and the values of the people ...and... of the agencies bring organisations together that needs to be organic the services have worked alongside each other for a long period of time. The respect and trust has been well established..... Decisions have been made over a long period of time, with those really strong values in the background guiding those decisions..... I think the experience of WHCLS and BCH is that there is a strong history of the partnership, its not just about someone renting a room,

Workshop on Findings

History and relationship is the key....over the years we have seen other collocations fall over because of a lack of history and a change in relationship, change in personnel or the next bright idea and bang out the door goes the collocation. This one dates back to before the service started delivering....

BCH CEO

Its a personal relationship at the moment. There's a huge understanding by the (BCH) Board of Directors and respect they understand that there is a huge historical relationship.....that is not to say that it can't be replicated...but our relationship is quite unique.....because of the historical relationship

BCH – Community Nurse

I think it is partly attributable to (being in the one space). I think it is the culture of the

organisation, the culture of the legal service.....it is also because some of us have been here for such a long time

WHCLS - Director

it is about that incredible dedication and commitment by staff to have a better outcome for clients....the key people who have been in for the long haul, it is because they have a strong commitment to the community members and making a difference.....that is a driving force

Research participants also identified the need to formalise the relationship between WHCLS and BCH. It recognised BCH had grown considerably since its beginnings and faced various pressures in meeting community needs and funding bodies' demands. There was an understanding the relationship between the two organisations was sustained by certain staff, community members and members of the organisations' governing bodies who were involved with both BCH and WHCLS for a considerable time. There was a fear expressed that should these people move on the relationship might not be sustained.

In 2008, a Memorandum of Understanding was developed between La Trobe University School of Law, WHCLS and BCH, which recognised the history of the relationship between the three organisations and the contribution by La Trobe University to WHCLS and BCH infrastructure and set out parameters for resource contribution for the next five years. This Memorandum of Understanding is in line with BCH policy on organisational partnerships developed in 2008.

BCH Policy Title: Partnerships Procedure

Partnerships may be formalised through a Memorandum of Understanding (MoU). A Memorandum of Understanding should be sought when significant resources are shared between the partners. The CEO is responsible for the formalising of any partnerships in this manner.

The success of the partnership may also be assessed against the goals of the partnership established during the problem setting stage of partnership development

The evaluation of the partnership will be coordinated by the Quality Coordinator, and reported to the Board of Management in the form of a written report.

There is no Memorandum of Understanding between WHCLS and BCH. The research did not identify any written work on the goals or objectives of the relationship between the two organisations. Nor did it evidence any action by BCH staff involved in Quality Assurance to establish or discuss the ongoing relationship.

This may be attributable to a number of factors. For example the establishment of (what is described in the literature as) the "problem setting stage" of the partnership occurred 30 years ago, before current theories were written on 'partnership' work. In this stage there needs to develop a shared understanding of a common purpose, of the problem, of the collaboration and the resources required. The relationship between WHCLS and BCH exists and is accepted. This formal work has never been done. The longevity of staff in both services and at a management level has made the relationship last.

Another reason is that WHCLS sits outside the health system and is not identified by BCH, and in particular staff responsible for work on partnerships, as within the current partnership agenda of the primary health care system.

The history of the relationship between BCH and WHCLS and the respect with which it is held by staff who have longevity within the two organisations works to its advantage and disadvantage. The history of the organisations contributes to the recognition of its value to the community and the enhanced service delivery it provides while it potentially creates complacency about ongoing evaluation of and improvement to the relationship for the benefit of the community. Such evaluations could establish improved ways of communicating, defining community problems, sharing resources and developing joint initiatives to address ongoing and changing community need. Such evaluations may also see less reliance on long serving staff members to preserve the relationship, as the quality of the relationship will speak for itself. There is recognition in this research that workers knowing each other and establishing relationships, including those employed in leadership or management, contributes greatly to integrated service practice. Ongoing evaluation and planning can add also to the integrated service of the two organisations.

6.2 Collocation and the sharing of resources

“Well here we are a lot more lucky than most, because we have got things in house.....that helps, that has got to help”

BCH GP

The previous two sections of this report have detailed the impact that collocation has on the two organisations in meeting community need and assisting staff in their work. Staff respondents have spoken of running up and down the stairs to each other to ask questions or help a community member make a referral. This was also exemplified in the staff diaries completed for the research and the surveys done with WHCLS clients. The research has identified the many benefits that result from the collocation of the services.

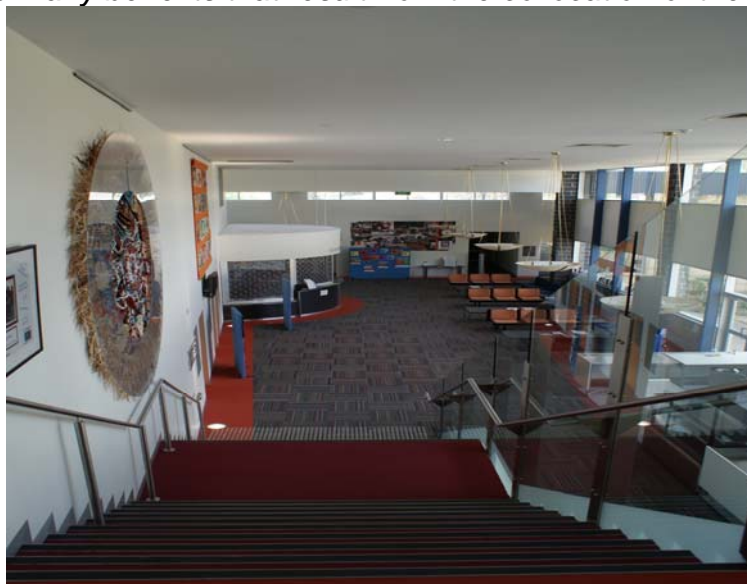


Figure 5: WHCLS reception and offices are at the top of these stairs. Below is the main reception for BCH and the offices of most of the medical, allied health, counselling and community program staff of BCH.

Collocation of services can have impacts for organisations beyond increasing the effective and efficient meeting of community need and the capacity building of staff

involved in service delivery or community programs. Other benefits include the sharing of operational resources, the increased capacity of the organisation and time efficiencies created by access to various professions in the one building.

6.2.1. Sharing operational resources and expertise

A significant advantage in collocation for WHCLS (a small organisation) is the sharing of BCH operational resources. WHCLS uses the telephone and computer system at BCH providing easy access to BCH staff and the sharing of information. WHCLS use office space within the building and do not have to manage the operational matters related to the building such as maintenance, cleaning and security. Access to other spaces such as bigger community rooms and community noticeboards was also identified by the research as significant. Another factor the research identified was access to operational expertise such as in-house Information Technology support and Human Resources knowledge. The sharing of this knowledge was largely attributable to the goodwill and relationship between the two services. The accessibility was a result of collocation and approval by management.

For example, during a two week period the WHCLS Director received 14 emails from BCH IT support and had two in person interactions with IT support. WHCLS used the large community rooms at BCH for training sessions and their Annual General Meeting and the use of operational expertise, particularly for Human Resources issues, was identified.

The research also identified that BCH staff sought from WHCLS staff, legal advice and support for operational matters like the signing of legal documents (statutory declarations) and BCH receiving advice on organisational policies.

WHCLS reception – Staff interview

we have the facilities for people to go downstairs and run training sessions and involve all the staff in (the Director's) training...

having the facilities downstairs to have an AGM for 100 people or having the facilities to have the Attorney General out for lunch

(when we have a computer problem) We call the IT Help Desk they look after all our stuff.....they come down, we just ring and say help

if I run out of paper I can nick downstairs and pay it back

WHCLS Director - Staff interview

Before I arrived here, (WHCLS reception) had a code black,the health centre made sure (WHCLS reception) got(counselling)..... it was the health centre who asked are you OK, and did the debrief.....that infrastructure support ... is absolutely pricelessand the same with (BCH CEO) being a CEO of a big organisation and doing operational plans....recently I just said to him look I need to do this operational plan.....just to have that "look this is what I do"....again even on that "how to manage an organisation" - so human resources, management advice

WHCLS Director – Worker Diary

19.05.09 - Interaction with Gambler's Help staff

WHCLS photocopier broke down – Gambler's Help let us use their photocopier for 4 days while we waited for ours to be serviced

Discussion with WHCLS Director and BCH Human Resources(HR)

*WHCLS Director accessed advice from BCH HR on work plans for WHCLS staff
WHCLS was able to use templates developed by BCH HR – accessed through
shared drives as WHCLS has access to these through BCH intranet.*

HR also sends info on training opportunities

*HR advice would otherwise have had to come in form of consultancy or Director
would need to have that experience/knowledge through extensive exposure to HR
processes in other work places*

*Director has been able to access HR advice because she has made herself known to
BCH staff*

*Access to HR also facilitated through BCH Community Programs Manager who
suggested Director make contact with BCH HR for advice when developing WHCLS
staff work plans.*

WHCLS Director – Staff interviews

*The other thing organisationally is if there are issues around staffing matters I have
quite extensively had long chats to the human resources person down there who is a
really great person to say "look I did this and I did that and I took notes"just to
have that sounding board when.....you are not sure what the right tack is, to have
that expertise*

BHC - Online survey response

*Stat Declaration signature, discussion about policies. Probably could use more for
assistance re organisational issues - ie constitution etc*

WHCLS Director

*you know it is the little things you offer, you know I will often have people coming in
one day for a stat dec and say "while I am here" and it is a trigger, "there is this
particular thing that has been worrying me about this patient, client whatever"*

WHCLS staff members are invited to participate in BCH's strategic planning day, to attend all staff meetings and in-house professional development training. WHCLS also have access to all BCH policies through the BCH intranet.

However there are also tensions between staff and management perspectives and resource allocation in the organisations.

WHCLS Director

*The previous coordinator and the coordinator before that would try to get to BCH staff
meetings and that was probably it.....the main interaction they had with the health
service was at the pointy end of financial matters.....the only point of contact
was one of tension....with a focus on operational stuff as opposed to strength
relationship building. .*

BCH CEO

*lawyers are asking our doctors for reports....it is a cost shift....they don't happen
every week, I just get complaints.....*

While the challenges and tensions over priorities for allocation of space and resources within the building was not talked about often in the research, the expressed need by participants to formalise the partnership between WHCLS and BCH indicated systemic and organisational pressures can threaten the historical relationship.

The research also identified missed opportunities to share operational resources, particularly operational knowledge. BCH, due to its size and involvement in the health sector, has knowledge on, and resources for, referral systems (particularly safe electronic referral processes), quality assurance, community participation policies and strategies, partnership work and service co-ordination. These resources, and the staff employed to develop and enact them at BCH, are the link between BCH's mission and objectives (policies) and what is needed to make them happen (the procedures).

While access to BCH policies and information about sector training is available to WHCLS on the BCH intranet and WHCLS staff members are included in "all staff" meetings and planning sessions, there seemed little directed and specific efforts to share knowledge and understandings gained from these organisational frameworks and resources. The research also identified little or no attempts by BCH to include WHCLS in these organisational processes, aside from involvement in the all staff planning day.

Probably the most significant example of missed opportunity to share operational knowledge was the implementation of the new intake procedures at BCH through Service Coordination initiatives developed by DHS for the primary care system. Linked to this is the implementation of a new health client information system. (A DOH information system designed for community health centres – known as TRAK IT at BCH).

WHCLS had little information and understanding of Service Access or the Service Coordination Tool Template (SCTT) used by the intake system at BCH, its purpose and its link with initiatives in primary care to better co-ordinate services. Also significant, is the widespread knowledge and acceptance within BCH to not use email for referral information and the use of a safe electronic referral system known as e-referral. WHCLS had little knowledge of this.

The Service Coordination process at BCH aims to:

- Contribute to planning by collecting information on service delivery issues including service gaps and measurement of unmet need.
- Consider health in its broadest context underpinned by a social model of health.
- Be flexible to meet the different needs of consumers¹³

The new information system at BCH, (Trak It), has capacity to record referrals to and from other agencies but other agencies need to be included as a referral provider. WHCLS, despite its long-standing and historical relationship with BCH, was not entered into the information system as a referral provider and so referrals to and from WHCLS were not recorded by BCH.

This meant that when the research requested data from BCH about referrals to and from WHCLS, the response was that *NIL recorded as WHCLS is not setup in TRAK as a referring Organisation.*

The research identified that WHCLS was not included in the changes to, and knowledge gained on, referral processes and practices in the primary health care sector. This was despite the fact that WHCLS staff were located next to or near

¹³ Banyule Community Health *Service Coordination Policy*

many of the offices of BCH managers, the long term relationship between the two organisations and the stated aims of BCH Service Co-ordination process to view health in its broadest context, be flexible and to contribute to identifying service gaps and unmet need.



Figure 6: WHCLS hallway with WHCLS staff offices to left and right. Through the glass door at the end are offices to BCH managers and HR.

This example shows the collocation of organisations, even when well established and historically respected at management and governance level, does not ensure all arms of an organisation will consider the relationship in changes, knowledge and practices.

In the workshop on findings, it was remarked:

Workshop on findings

Participant: *It's interesting that we missed it.*

Participant: *It is also understandable.....when it was set up...it is a very clinical framework. I think legal is uppermost in the minds of those working in the psycho-social area but in the clinical area they are not as cognisant of that.....*

The research identifies significant systemic reasons for this, which will be discussed in the following section of this report. Noted here are the sector silos that can operate within an organisation, particularly when instituting major organisational change.

6.2.2 Increased capacity of organisation

“No body else has got it.....”

BCH CEO.

Section 5 detailed the ability of integrated service practice to increase the capacity of staff through exposure to advice, knowledge and information from a range of other professions. The increased capacity of staff results in an increased capacity for the organisation. This is illustrated above in the sharing of operational information, resources and advice. There is also the professional development opportunities that ensue from contact with other professionals through joint case and community work and the value and savings (including staff time) this brings to both organisations as staff are able to access advice and information readily in-house.

BCH Manager

Financial counsellors have skills to take some of those issues on themselves and often they work closely with the legal service to get the right outcome for clients...our community nurses and community workers at times will connect with the legal service or will do advocacy work themselves...Office of housing, Centrelink, a school.....(there are) combinations of working alongside, doing secondary consultation with the legal service or doing referral to the legal service, or acting as advocate or in some cases working alongside the individual as they do their own advocacy.....

The legal service is a small agency but it brings a different experience to the table...discussions around community rights and human rights.....and (it) has been involved in discussions around community empowerment projects.

WHCLS Solicitor

....if it was somebody in hereI can just talk to them to get same advice on how medical condition could affect behaviour ...that is really significant from my point of view, just to have someone around. I've got people I can just pop out to And there is no suggestion of a charge, or an invoice coming..... or the person might say, you are actually raising an issue I need to make a time with you....technical questions.....I can actually ponder the question, and I actually can ask someone all in one go, and other people professional do not do that stuff, and that is one of the great benefits..... Other people the thought crosses the mind, but it is so difficult for them to go any further with it.

The research identified the collocation of WHCLS and BCH facilitates the opportunity to attend training sessions of either organisations and for training sessions to be easily conducted for, and with, other professionals.

WHCLS Director

Absolutely, the other day the person who works in dual diagnosis ran a session on the side effects of mental health illicit medication...I stayed for half an hour.....I came back up and talked to my staff at a staff meeting about some of the issues

...because we are a small organisation we do not have the ability to do a lot of training.....but to be able to go downstairs and write detailed notes and circulate them among my staff and talk about them... so the way in which the health service shares its space is really invaluable and really important for professional development,I think there are huge benefitsjust gaining an understanding

of how other professions work. The other thing is the financial counsellor..... every semester he runs a crash course in debt for the students that informs them for their work for the rest of the semester...and their future practice

I think with the training we have been doing....that there is a significant growth and awareness of what we can do, the problem is appointments.....

BCH CEO

The Human Rights charter is well timed in order to ..assist those non-counselling services to have more access around admission to hospital beds and this sort of stuff

BCH Manager

There is a long history of involving La Trobe University school of law students in some of the advocacy and law reform works, and 80-90% of the time generally .. the reform projects the law students have picked up, and even the clients the law students have picked up, have come from a number of referrals from inside the community health service staff where issues have been raised that situations are unjust, unfair...requiring reform for the people of West Heidelberg. ...

BCH GP (2)

I think the legal service here is one of the vital things in West Heidelberg because of the needs of the community. I think the fact that it trains people is really excellent because that gives an edge to training that means people are thinking about what they are doing while they are doing it, gives an ethical background to that sometimes get lost after graduation, to think beyond the medicinal, immediate problem.....

Collocation also allows WHCLS easy access to community groups run by various BCH community and health programs on site at West Heidelberg and avenues to easily promote service to the community.

Note from WHCLS Director to research

Pamphlets

- *We had drafted a new brochure for the WHCLS.*
- *I took copies of the new brochure down to the health centre popped it on some notice boards, handed it out to key workers.*
- *As part of this process I handed a bundle to BCH reception and we were chatting and joking. At the end of this chat one of the reception staff suggested why don't we pop the flyer in the folders they make up for patients/clients of the health service as they often give clients bundle of information about available services when they open a file. I said this would be fantastic.*
- *As a result our office will fold some more pamphlets and give them to BCH reception*

Flyer distributed by WHCLS Director throughout BCH waiting rooms, on noticeboards and to BCH staff to distribute amongst clients and groups. .

ADVOCACY TRAINING FOR COMMUNITY GROUPS IN WEST HEIDELBERG-

Human rights, everyday rights, belong to us all!!!

The West Heidelberg Community Legal Service in the second half of 2009 will be running advocacy training workshops on how you might use the Victorian Charter to

advance the human rights of people in our local community. It may be a new way to get better outcomes for you, your family or your neighbour.

If your group would like to have participation in such advocacy training, register your interest with the legal service by phoning 9450 2002 and indicate what your group is, a contact person, phone number and when and where you meet. We would love to hear from you!!!

Collocation also allows for easy and informal contact with other collocated services or special projects to which BCH is a partner such as Olympic Adult Education, the Banyule and Nillumbik Primary Care Partnership and the West Heidelberg Neighbourhood Renewal Program.

WHCLS Director Diary

12.05.09: Interaction with Banyule Nillumbik Primary Care

Informal catch up to discuss program and service. Information was shared

15.05.09: Interaction with Neighbourhood Renewal (BCH worker).

Discussion in passing in corridor on community problem and law reform. Resources provided

18.05.09: Interaction with Neighbourhood Renewal (BCH worker)

Discussion in passing in corridor on community problem. Organised a further, formal discussion on community needs.

22.05.09: Interaction with BCH problem gambling health manager, dental manager, Olympic Adult Education, CEO, dual diagnosis project worker.

Director dropped into people's office and gave them information on mental illness and Somali community attitude towards it.

22.05.09 interaction with Dual Diagnosis project worker, Health for Life, Problem Gambling and Olympic Adult Education.

Discussion in passing on community legal education. Provided resources on upcoming training by WHCLS on human rights.

The sharing of sector and professional knowledge amongst staff was discussed in the previous section. This occurred often informally, as demonstrated above through workers randomly meeting each other or going to see each other. Some staff members were proactive about disseminating information and at other times this information was gained incidentally, through conversations, or awareness being raised through client work or programs being run within the organisations. Some examples of this were:

- The clinical legal education students at WHCLS seeking advice on areas for law reform work from BCH workers
- Drug and alcohol workers asking questions about rights of clients leading to legal information and pamphlets being shared
- The human rights training increasing the awareness of systemic rights for community members.

This research itself stimulated conversations between WHCLS and the Banyule and Nillumbik Primary Care Partnership and community nurses involved in chronic disease.

The ease of access to each other provided by collocation was vital in making these links. The research has already identified the impact of communication systems. WHCLS staff access to the BCH intranet means they are included in all staff emails, have access to organisational information such as policies, procedures and timetables on what groups and events are being run. They are also able to

disseminate general, WHCLS and legal sector information to BCH staff. Access to the intranet allowed the organisations to disseminate information and collocation facilitated access to people for follow up discussion about the information.

WHCLS reception

We are linked into the computer system which is great because we know everything that is going on in the health centre, things that are coming up. So, for instance..... the men's shed, (WHCLS solicitor) has referred a couple of men who are suffering from depression or who are isolated to some of the men's shed programs - so we would not know about that if we weren't involved and we weren't getting flyers and emails and you know the community lunch I have referred some clients to the Olympic Adult Education community lunch they have once a month. I have referred some elderly women who are a bit lonely, I have referred them down there, and they had a great time. Yeah so its good

BCH – Community Nurse

(secondary consultation) That happens quite a lot...through the email....a gentleman wrote a letter to our support group, he sounded like he was in quite a crisis...it was out of my realm of practice and I did not know where to begin.....Using the email, I forwarded the letter and asked what do I do in this situation and the advice was immediate and it was dealt with straight away....the gentleman was out of our area and it was about contacting services in his area....this involved my manager and the legal service...

WHCLS - solicitor

I am on their internal mailing list, so I know when the groups are, when they meet, when the next training session is for parents of teenagers etc. And we have them available for the students so they are aware of them

Integrating services broadens the skill base of an organisation and ideally provides a diversity that is central to a community organisation's service to the local community. It is the desire for this increased capacity of local community organisations to provide a range of services and skills that has driven many of the partnership and integrated service government initiatives in recent years.¹⁴

Research participants identified the uniqueness of the relationship between WHCLS and BCH as adding value to both organisations. Additionally the clinical legal education program at WHCLS provides a link and partnership with La Trobe University. This link benefits BCH, not only do they have a legal service available on site, this relationship also means the site is a teaching facility and there is a direct link to a University.

BCH CEO

The space issue is purely physical stuff, its an advantage in itself...but it is not a great advantage...the advantage for the legal service is they have access to a whole range of professions...doctors here who right medical reports for them for nothing. ..but we use the legal service for a range of issues....for referral....I use the legal service all the time when I am talking up this place....its great publicity. Its tripartite, the relationship with them and the relationship with La Trobe University. I always cite the

¹⁴ Victorian State Government (2005) *A Fairer Victoria, State Government of Victoria.*; Department of Human Services (2001) *Primary Care Partnerships: Better Access to Services- a Policy and Operational Framework.*

clinical education program as an important part of this organisation in terms of its integrated service delivery model....No body else has got it.....

The relationship benefits WHCLS in a similar way. The promotion of the service as a uniquely integrated legal service to the legal sector and a model of good practice were evidenced in the research.

Worker diary: WHCLS Director

19.05.09: interaction with BCH – CEO and one manager, WHCLS staff and La Trobe staff

Organised meeting by WHCLS with to meet Victorian Legal Aid managing director and inform of work at WHCLS and demonstrate BCH and WHCLS organisational commitment

WHCLS Director – Staff interviews

.we recently had the shadow opposition leader come for a visit here...and he said..... "its all here, its all happening all the time"I introduced him to Neighbourhood Renewal and Northern Gambler's Help and Disability workers....he said "it is all here. I have just recently been to another stand alone community legal service, and what this has highlighted to me is that a lot of it is really hard for them because they are really struggling with the politics of different agencies and struggling to get through the door ...but you have already got it here. It is established over thirty years

6.2.3 Staff retention and worker happiness

"Its great being in a building like this because there are so many different people and everyone is here to help....."

WHCLS Reception

Another aspect of collocation identified by the research was the impact this had on staff satisfaction, particularly for staff at WHCLS.

WHCLS's collocation with BCH provides the small number of WHCLS staff the opportunity to work with a wider range of staff and to receive support from them. This was evidenced in delivery of legal services to clients as workers are able to draw on the skill and expertise of other professionals to assist them in their work. This is identified in the previous section as increasing the capacity of workers but it is also evidenced in this section with staff being supported by IT and HR expertise.

The significance of this at an organisational level lies not only in the increased capacity of staff to work more effectively, holistically and perhaps efficiently with the community and within the organisation, but also in the impact this has on worker satisfaction and morale, the ability to attract staff to work at organisations and retain them.

BCH CEO

....I would find it very boring to work in a single service facility..

WHCLS Lawyer

Being actually physically here, on site, I feel part of the centre as a whole, which is interesting because I am actually employed by La Trobe.. It just makes it easy, it

feels like we are all working together for a common goal, which is to improve the well being of the community, so it is easy to make those connections....

WHCLS Reception

It would be terrible (to be in a shopfront on my own). I would have no one to talk to. Its great being in a building like this because there are so many different people and everyone is here to help..... the people come in. Whereas if I was sitting in a shopfront somewhere and waiting for someone to walk in it would be terrible sitting in a shopfront on my own, no thank you, I could not do that

Its a huge safety issue and I would not sit in an office on my own if potential clients were coming in..... because some clients can be very intimidating, even on the phone.....sometimes they say I am coming up to see you. So I know I can step back and just ring reception and say if this person turns up call a code black, but if I was in an office on my own...

even just the social side of things, being part of the social event, planning day...makes you feel you are part of a bigger organisation....we can have our own small things but also be part of a bigger service.

Workshop on findings

when we are talking about the benefits of both agencies, the service that the legal service provides to the agency in supporting counsellors, in particular drug and alcohol counsellors, and general counsellors, they say thank god you got back to me on Friday because I would not have slept all weekend... having the legal advice on tap that is an ability we do have, provided someone is around, they can go in, shut the door, talk it through and then go out ring the client and say , this is what we are going to do.....we need to identify as a service it is a very time consuming thing we do but it has significant benefits to the clients and workers indirectly

BCH – Community Nurse

you feel supported and you are able to give clients the right information and point them in the right direction...and its immediate, its not ringing around places.....

WHCLS Director

Just recently we received an invitation to go to a comedy night(the Principal Solicitor) and I are going to the Christmas party..the Northern Gamblers Help and the legal service organised to have a lunch where we each brought our own plate and had a laugh...we did not talk about anything to do with clients, we just sat in the room and had a laugh, so from that point of view what they offer to this small, co-located service - we are a small service with three people most of the time....., it boosts the morale of all of us, so none of us feel we are isolated or alone.

BCH Somali Caseworker

Well for me it is very advantageous, when people are helping me with my work,...when people are helping me, facilitating my work, it makes me proud, it increases my self esteem, my confidence. I feel like I have people who really like me, to work with me, instead of me working in isolation, struggling on my own to find my way around....I think what they call it is "a problem shared is a problem halved"

BCH Manager

there are a number of opportunities both formal and informal, where staff come together - staff meetings, planning days, orientation sessions for new staff where they are informed about services, but also those informal places like getting a coffee

in the morning, photocopying at the reception desk, or talking in the corridor with your closest colleagues

However, there was also evidence and acknowledgement in the research that collocation does not necessarily mean all staff make connections with other staff.

BCH GP – Staff interview

I do not know the (housing and Centrelink) system, and therefore, I try to make it (writing support letters) a neutral experience, but really it does become a labour and a chore I do not know what their criteria area, not that I have to, I just answer them honestly. But then I have some people coming back saying I did not get it. I don't know what I am doing really, besides answering them honestly, I just do not have a good in point for this stuff ... Well, it is a sort of social morass most of the time. So when the forms come up your eyes do sort of roll, and here we go again.

6.3 Identification of shared needs and opportunities.

“My understanding is there is a lot of informal work being done (with the legal service). There is no formal structure”

BCH CEO

In this part, the contribution that organisations make to how community problems and solutions are identified. This is through the allocation of resources, leadership and staff recruitment policies. The impact on integrated services of how community members and workers identify problems (and their solutions for these problems) was discussed in sections 4 and 5.

6.3.1 Referral processes and opportunities for joint work

As stated previously in this research, there was no formal referral processes or protocols established between BCH and WHCLS. However the research identified WHCLS and BCH staff members do make referrals to each other, are involved in joint casework and some joint community work. There is also evidence of WHCLS clients having experience of being involved in both services. The advantage of community members and staff having face to face contact, knowing each other and having ability to easily seek advice from each other is discussed in the previous section and accepted as a valuable part of integrated service practice by the research.

The research identified referrals and joint working between WHCLS and BCH occurs because:

- confidence and trust is established between community members and BCH and/or WHCLS staff,
- staff have developed a personal relationship
- value is placed on the relationship between WHCLS and BCH at management and governance level within BCH and WHCLS.

From the data gathered there is little evidence of developed organisational procedures that enhance or contribute to this work. The previous section detailed the limited formal processes or tools established to promote referral between WHCLS and BCH.

BCH CEO

My understanding is there is a lot of informal work being done (with the legal service). There is no formal structure, there is no formalised referral process - unless you use the SCTT tools - I don't know whether the legal service is using the SCTT tools...maybe that is the next step, in terms of formalising the structure but from an informal perspective, there is a lot of work done

Banyule and Nillumbik Primary Care Partnership – Executive Officer

WHCLS may set up own internal referral protocol with BCH – but may also want to use SCTT for external referral practice.

WHCLS Director

There is a form that sits in the student room, ...and then you would probably ring ..whoever is down there and ask them to take us through what is the best way of filling it in for this scenario -and then you write it up, with the client's consent..... the generally thing is to give as comprehensive as possible (So the form you are using, is that the actual SCTT form?) I'm not sure it is the BCH form, that is what we are told...that is the system that is used downstairs and we try to do it as comprehensively as possible....

(How long has that system been going?)

.....I can remember doing it in the old building and it being on the notice board there And then again, we would do a phone call downstairs to intake, just in case the referral does not get lost in the system, not that I think it would but its just creating that personal relationship

WHCLS Lawyer

The only time I know if someone has referred is when (a worker- Somali caseworker and financial counsellor) brings them to my door...it would be very helpful to know when someone has referred...because I can say physiotherapy referred you to me, can I have authority to report back to them and let them know what I have advised...that would be a lot better....

Referral tools such as the DHS SCTT tool aim to incorporate the need for client consent and efficient passing on of referral information to other agencies and organisations. These tools aim to ensure a client (or consumer) is aware of the reason for referral information being shared and attempts to ensure client consent for and control over all information provided.

When used correctly, these tools aim to ensure a community member (or consumer) is in control of their own information and service solutions to their problems. Consequently, WHCLS could benefit from a greater understanding of this tool as it may relieve some concerns expressed about referral processes. This tool could assist with providing adequate information to BCH and for BCH to provide this information to WHCLS with client consent. It could also be used as a reference for developing WHCLS own template for referrals to other services in general.

There was some reservation from WHCLS lawyers in regard to providing documented referral information through official processes. For one lawyer, reservations were expressed about the over-bureaucratisation of processes, which got in the way of developing a relationship with a client. It is argued responsibility for obtaining consent and the respect for client confidentiality lies in the professional conduct of staff and staff need to be trusted to uphold these ethics. Another lawyer

stated there was a need for a formal process which ensured clients were fully aware of to whom and where referral information is going and what might be the positive and negative consequences of sharing information.

WHCLS Lawyer

Its not being done for them (the community members), they do not want it to be done. Occasionally somebody will raise that as an issue, but it comes very much from outsiders, who have this paternalistic appreciation of the professional ethics and obligations and are frightened that professionals in places like this do not appreciate what their obligations are, so they want to document it. It is a bureaucratic view of the professions.....we are not a government here.

WHCLS Lawyer

I think there needs to be a policy that if we refer we look at all the possible issues and tell the client...so that we think about all consequences, I don't think that there are that many, just the child protection one.

These examples demonstrate the diversity of individual opinion on matters within an organisation where the professional focus is the same. It suggests there could be some benefit to having a formal referral protocol and process, which sets out the organisation's understandings and ethics around referral practice.

Differing opinions were also expressed by BCH research participants on the intent of these referral systems

BCH CEO – Staff Interview

No longer can a person ring up here and ask for a social workerten years ago yes, ring up a social worker and establish a rapport or allied health would have a firm understanding of the situation that has occurred that has led to their referral. Now you have to go through systems, you have to go through Service Access, Service Access has to do a full assessment

One may argue that this system will allow that information but I don't believe so...I believe it misses out a lot because of the need to move people through quickly.

There are certain regulations and rules and service agreements, contractual obligations this organisation has in order to meet certain criteria to get its funding.....the notion of assisting communities or helping communities to become better communities is no longer our brief. Our brief is very much around getting people through fairly quickly.

Meeting with Banyule and Nillumbik Primary Care Partnerships worker

Service Coordination practice is directed by client

Client informs Service Access worker which information is shared and with whom E-referral allows for this to happen

Whether a client is really sure of what they are consenting to in the referral process, goes to the training and abilities of intake workers

Ensuring a community member is in control of their information and in control of their care is seen as one of the intents of these referral processes. Another identified intent is to tightly manage service delivery and move people efficiently through the service system.

This research identified in section 4 that community members do not always ask for help for every issue involved in interconnected and complex problems and that

community members often need to establish trust with a worker or organisation and recognise the organisations ability to help them. The research also identified staff do not always have the training, perspective or work focus to identify a range of problems and all needs may not be identified at an intake process This research identified that intake workers require skills and training to establish a comprehensive identification of need. It also identified, a full assessment is more likely to happen within a case work or management process through case assessment and care planning, once, as stated above, rapport is established.

Workshop on Findings.

Participant 1: *Can I make a further comment about the Service Access staff not making referrals to the legal service, in something I have observed in the context of chronic disease... ..is that when someone rings up with a clear idea of what they want, Service Access might screen and talk about a whole range of alternative or supplementary supportive services, the client has to agree to be referred to them and what we are finding now in chronic disease, community health now have a range of supportive services in chronic disease including a coach to support self management, but they have actually only rang for an appointment to the podiatrist and it takes a while for their thinking to come around for something they have not actually rang up for, so it is not totally beholdent on service access....why would they be, that is a reason why*

The previous section identified there were no formal assessment tools at WHCLS and many varied case assessment tools used at BCH. Working together to ensure the case and clinical assessment tools used by WHCLS and BCH incorporate a legal and health and welfare component will assist in identifying needs once a rapport is established in a client interview or case planning process.

However, the use of assessment forms can suffer from the need to meet sector or funding body demands. They can be used by organisations, staff and sectors to prove they have asked all questions and comprehensively assessed a client. This research demonstrates the need for flexibility, time and a trusting relationship to be developed between staff, organisations and community members. The use and value of intake and assessment tools to integrated practice is dependant on the reason why an organisation uses them. The rationale is a balance between enhancing control and access for clients by providing prompts for staff to think outside the box and ensuring a client has a true understanding of problems and possible service solutions and, on the other hand, meet the demands of funding bodies who request that these needs be assessed while also demanding an organisation meets timeframes and service numbers.

BCH is involved in the Victorian Government Primary Care system changes in relation to referral practice through Service Coordination. The research has identified the omission of WHCLS in these service changes elsewhere in the report. Reasons given for this are: the size of WHCLS and legal issues not being on the primary care partnership agenda.

Workshop on findings:

Participant 1: *The capacity of agencies to take on more streamlined referral practices - they (the PCP and Service Coordination reforms) have started with bigger agencies like hospitals and councils*

Participant 2: There was a definite emphasis on aged services to start with, then we have been working with palliative care, disability, mental health services are probably our next one, children and family services, within scope

Participant 1: The homelessness services have only been included in the last six month. In terms of capacity, community legal services are really small funded agencies, in terms of their organisational capacity to be involved in this space. Our money has been caught up in service delivery and has had no real management involvement in these discussions and to some extent has been dragged there by the health centre.

Participant 2: I think there is still capacity locally to know the context and respond to agencies that are interested and showing interest (But it has not happened here?)

Participant 2: No

Participant 3: (Legal) was never on our radar

This research demonstrates many competing demands can make it difficult to maintain an inclusive, integrated perspective within an organisation.

In the ideal, an integrated model would ensure each organisation was on “the radar” and ensure assessment and intake processes screen for the relevance of each service. An integrated model would inform and include the other agency in changes and sector knowledge. It would recognise the size and power differences between the organisations and rather than allow a lack of capacity to exclude a service from involvement, use the capacity of a bigger organisation to include them (For example, BCH become the advocates for putting legal issues and services on the PCP agenda, informing WHCLS of changes to intake system and including them in these changes)

Participants to the research also stated the changes to information systems and the keeping of client records/files led to changes in how WHCLS and BCH conducted joint work. WHCLS has always had a separate filing system in keeping with legal professional responsibilities. However, in the past (when BCH was a smaller organisation), WHCLS staff had access to the hard copy files of BCH clients. They could note in the file that they had seen a client and also could identify if the client was involved with other workers at BCH.

Changes to information systems and how files are kept has meant this is no longer possible. WHCLS no longer gets access to BCH records. The two services keep their own client data systems that are designed to meet sector, funding body and professional demands. This was seen as limiting opportunity for collaboration between WHCLS and BCH as workers would be less aware of other organisations involvement with a client. It also limited the possibility of identifying the need for joint practice on community issues and unmet community need.

The design of client data systems and the referral information retained and transferred, influences an organisation’s practice and the identification of service gaps and unmet need. If legal need is not measured by BCH’s client data system, this need may never be recognised. If referrals to BCH supports are not measured by WHCLS data system, the knowledge of service gaps may not be known. Data collection systems are often designed by funding bodies with no local content or input.

BCH CEO

... an example is we are in negotiations with the north east mental health service, not just collocation but also.....integrating records, so people feel more comfortable using services here, . Its also a one stop shop but its not just about referrals but about joint records, integrated staff meetings, case conferencing, organisational stuff....

Let me go back to the records stuff. The legal service use to have access to the records...the cross information stuff is very beneficial to both services....now we have a electronic records now, Trak It, that the legal service has no access to....so now its only pure luck, or through a relationship that staff have with legal service staff that that has occurred, that information does get shared..

Workshop on Findings.

Participant: I think you need to keep in mind that a lot of the data programs are required from outside, an external source and do not always have a local content

Participant: If I could add another layer, we were well aware of that (data system was not measuring referrals to BCH), and over a 6 month period of negotiation to our data agency in Canberra we were able to add another layer to the data information page which has referral to the non legal services. Specifically we have another page added to our data collection for BCH and all of the programs ..our two legal secretaries can go to the next page, its additional work, behind the data that CLSIS requires and they can enter in those referral processes but unfortunately that takes six to nine months for us to be able to negotiate and we have found that we cannot extract that data ourselves - one of our issues with Canberra is that goes into the ether, and we cannot extract that information to inform our service delivery

Many of the changes to the keeping of client records are attributable to advances in information technology and better understandings of the privacy rights of client and patient information. These changes have led to the development of intricate client information systems within sectors and services. As illustrated at WHCLS and BCH, these systems do not facilitate the identification of service gaps across sectors and between integrated services when the data collection systems are not linked. The onus remains on local organisations to recognise their own local service relationships that sit outside systemically defined service integration and to advocate for inclusion of relevant data collection in order to assess what works between the organisations and to identify service needs and gaps.

The integrating of records is a more complicated process for legal service and health services than integrating the records of different health service providers. Lawyers have a range of professional duties that must be respected. For instance passing WHCLS client information to BCH has always been a complicated issue as the protection of client confidentiality is embedded in the lawyer and client relationship. Additionally, access by WHCLS to community members files may restrict WHCLS ability to represent a community member if there is the potential for a conflict of interest arising from access to information on other parties to the legal matter. These issues become a bigger problem with technology advances that make access to files physically easier.

6.3.2 Informal and incidental opportunities to identify problems

The research identified significant informal opportunities for staff to know each other and identify common areas of work, community problems and possible solutions. The advantages to the community are achieved in that BCH workers who identify a

legal problem can access legal assistance immediately. This ensures the problem is addressed, the community member can be supported to attend, trust of the community member is transferred between workers, legal issues are identified by the community merely because the service is there and the community recognise it as a place to go to seek help.

The WHCLS solicitor recognised the historical influence of BCH programs and services on the areas of law in which WHCLS developed expertise. WHCLS solicitors have developed specific knowledge and expertise in areas and as such have adopted their expertise in accordance with organisational and staffing changes at BCH. WHCLS identification of problems, and ability to solve them, is shaped by the programs at BCH and the community members who attend these programs.

WHCLS Solicitor

We've got the Problem Gambling service.... because they are here, we're getting more of those people through..... the problem is in a number of communities but because of this community, we have a community legal service next to a problem gambling service, we've got that access. That is comparable...to work in the 1980s ... I was doing an awful lot of work with young people... not just because it was important to me, and because young people were being charged by police.... we also had resources in this community - youth workers, project workers ...resourced within the community, these workers did a terrific job but the policies of the various governments changed and they have gone out of existence virtually...

Staff at Gambler's Help Northern can quickly talk to, seek advice or make a referral to a lawyer sitting next door. The worker diaries and online survey responses to the research showed evidence of this happening. The work and expertise of WHCLS is shaped by these advice requests. A similar situation occurs with the BCH Financial counsellor. Legal advice is sought on debt matters and the financial counsellors is able to learn from lawyers about how to deal with such matter. In addition, the financial counsellor is able to skill up WHCLS lawyers and clinical legal education students on debt matters and bring to light debt issues that are affecting the community. New issues or prevalent problems are identified because services are working together. The identification of these issues and finding solutions for them also increases the knowledge and skill of staff and the focus and abilities of the organisations.



Figure 7 Corridor along which lies WHCLS offices in the foreground of picture leading into BCH Gambler's Help Northern offices.

These informal opportunities work well at WHCLS and BCH when there is an identified community problem and an identified possible legal solution to this problem.

The research also identified that if the legal problem is not identified or the possible link between services is not identified, it is irrelevant if the workers are in the next office. This is apparent at WHCLS and BCH for those staff involved in medical and health treatment, as discussed in the previous section. It was also identified for roles at BCH that were organisational or policy focussed rather than service delivery focussed.



Figure 8 This office sits opposite WHCLS reception and around the corner from WHCLS staff offices.

The above office space sits opposite the WHCLS reception and around the corner from WHCLS staff offices. Staff from the following areas are located in this room: Health promotion, Quality Assurance, Banyule and Nillumbik Primary Care

Partnership and “Health for Life”.¹⁵ Aside from “Health for Life” staff, the research identified few interactions, advice seeking or sharing of information between WHCLS and other staff in this office. Many of these staff members are involved in organisational policy and partnership work, some in setting agendas for BCH’s preventative community health work.

The research identified possible reasons behind the lack of interaction between these staff and WHCLS were:

- The small number of staff at WHCLS. Until the Director role was established, most WHCLS staff members were occupied with direct client casework and administration work. The ability of WHCLS to focus on quality, partnerships and preventative community work was limited by this lack of resources.
- A health care focus for most of these positions at BCH (as set by sector policy and demands). Despite the sector and community health claims to view health within a social model of health, much of the primary care reforms have focused on health service providers to date. As stated previously, legal issues have not been on the agenda. The influence of systemic demands and policy is shown here.
- The limited formal work for ongoing evaluation and improvement of the relationship between WHCLS and BCH. The research identified the organisations had not considered how to integrate the organisational knowledge, expertise and resources in these areas and have stuck to sector silos.

In the workshop on findings, it was stated, in regard to the inclusion of WHCLS in the service coordination and intake changes at BCH

Workshop on findings:

I guess this is one of the things that because you are located in the same building you think it is happening and it is not happening

WHCLS and BCH’s history and collocation benefits the relationship while it also creates disadvantages. The acceptance of the relationship within the governance and management level of both organisations, and the relationship’s unique historical circumstances which sit outside of sector or policy guidelines, mean there is no one formally and operationally responsible for the maintenance of the relationship. This may change with the implementation of the Director’s roles at WHCLS, with one of the stated roles to “foster key strategic relationships”.

At BCH, the role of staff in maintaining the relationship between BCH and WHCLS has, to date, largely been influenced by historical and personal relationships and has a predominantly informal structure. The relationship structure at both BCH staff and Management Committee levels is largely based on informal, longstanding personal understandings and respect for the historical and working relationships of the organisations. There are no organisational agreements.

The heavy reliance on personal relationships and history to maintain the organisational relationship of the two services means the two services have no formal structure to rely on if people leave either their employment or their positions on the WHCLS committee of management or BCH Board of Directors.

¹⁵ Health for life is a health coach/self management program for community members with a chronic disease.

Workshop on findings

Participant: There is history, but unless it is formalised and there is a process developed and there are pathways established, it's only for the grace of god that we have had this connection because I am here and I have had a history, there are staff here and they have had a history, and similarly with the legal staff. Once we all retire, and go off into the wilderness, will that model continue, for me it is at that crucial stage, it is critical that something that needs to be done to formalise the partnership.

If links and integrated work happen between the two organisations this is usually done in an informal way between staff. Usually this occurred between workers involved in direct service delivery or community group work and was inspired by community problems and need. It is not obviously directed by organisational goals.

Integrated work rarely happened between staff involved in organisational areas at BCH that direct or lead service delivery and community work such as quality assurance, partnership work, health promotion. The relationship between WHCLS and BCH may benefit from formal protocols and processes that lead to a cross over of information, knowledge and resources in:

- Service Co-ordination and referral practice
- preventative community health and legal education and
- quality assurance of the organisations' relationship and its common purpose.

This requires leadership not only from those involved in management, but also those charged with the responsibilities of these roles at WHCLS and BCH.

6.3.3 Formal opportunities to know each other.

Formally, WHCLS staff are invited to participate in Banyule Community Health's all-staff strategic planning day, to attend bi-monthly staff meetings and bi-monthly in-house professional development training. WHCLS also have access to BCH intranet and so are included in all-staff emails on upcoming events, training and policy or sector information. They are also able to use this to share sector knowledge and information on such things as changes to legislation.

New WHCLS staff members are included in the orientation training sessions for new staff run by BCH. An orientation session runs every three months at BCH for new staff. In this session areas such as BCH structure and history, health promotion, quality assurance, occupational health and safety, cultural awareness, HR code of conduct issues, community participation and chronic disease management are covered. WHCLS do not provide information on their service or concepts of legal need at this orientation.

The connection between WHCLS and BCH and its relevance to community members does not seem to be made known to new staff. The online survey to staff participants identified that the longer staff members were employed at BCH, the more likely they were to have referred to WHCLS even though those employed under two years were most likely to make regular referrals in general. This implies, new workers are more likely to be employed in service delivery positions requiring regular referral work. Roles involving less client contact, such as management or organisational roles appear to be occupied by staff who have been employed at BCH

for a number of years. 17 respondents to the online survey were employed by BCH for under 2 years. 7 of these respondents stated they made referrals weekly and two stated they referred at least monthly. 6 respondents stated they never made referrals. The fact that fewer of these respondents had made referrals to WHCLS than respondents who had been employed longer but referred less often implies knowledge of WHCLS is not being targeted to new workers who are most likely to be employed in direct service delivery positions. 42.9% of respondents working for BCH under 2 years stated they felt they had sufficient knowledge to make referrals to WHCLS.

Naturally, it is a matter of probability that the longer someone is employed the more likely they are to have made a referral to WHCLS at some stage. However, if new staff members occupy work positions which make frequent referrals, but referral practice to WHCLS is developed only over time, missed opportunities for referrals and joint working are likely to occur because of lack of awareness of WHCLS amongst new staff at BCH. This awareness could be enhanced by a greater introduction to WHCLS and legal need in orientation sessions to new BCH staff.

Research participants also noted that while the orientation sessions were valuable, regular updating of information to staff is necessary. There is a turnover of staff at BCH due to its size. A new staff member has much to take in and does not always make the link between services and their work from information supplied in orientation trainings.

BCH – Community Nurse

I just think to when I started in the community.....something that would have helped greatly was if at our team meeting or at the legal service team meeting someone could have come and done a five minute presentation – “I am so and so from the legal service and this is what we do, this is the process, if you have any one who needs our service for these reasons” - that would have been really helpful...not just for the legal service but other services as well....I find every one here quite approachable. if you come across someone in the corridor, you can say I come across this the other day and what would you do, you have a bit of guidance and an answer there.....

WHCLS Lawyer

When people leave and new people come, those new connections need to be made again, a little bit of training around that...as part of induction, one hour session specific to the person coming in so you don't have to start all over again....good handover between staff.....I'm thinking of some things I hear in the lunch room, OTs and physiotherapists, I don't get the impression they know much about what we do here.....I think it is a professional perspective, unless you have a holistic view, you might see that in isolation....I think it is a lack of understanding about a holistic system.....(needs) better training.

BCH online survey response.

Having been around for a while, I am relatively clear on these issues, however I think that getting regular information to staff at BCH is important considering the large staff numbers and the high turnover in some teams. Staff can sometimes stick to what they know and not think beyond the presentation of an issue. Access to information and awareness of services would expedite more appropriate referrals or create opportunities for building capacity of BCH staff to better identify justice issues.

6.3.4 Responsive and flexible approaches

The benefits to integrated service practice of flexible and responsive referral and secondary consultation practices are discussed in previous sections of this report. Interviews with staff conducted by the research noted this is significant to successful joint working between BCH and WHCLS staff. Staff members were able to discuss issues and were responsive to urgent matters. Staff also had opportunities to raise an additional issue in the course of discussing a designated topic. This was the incidental identification of a legal, health or welfare problem. This flexible and responsive approach was attributed to the nature of WHCLS as an organisation and not just the approach of individual workers.

BCH Community Nurse

(the principal solicitor's) responsiveness, and the responsiveness of the whole legal service really. Generally speaking legal services are places where people need to make an appointment, where people are fairly inflexible and that is not the case here. All of us who work here feel that the legal service responds to our needs very quickly

BCH Community Nurse

The client's carer came to the centre...she asked for me because she did not understand the documentation and she was confused about having to sign paperwork on her husband's behalf . I was the main contact for this family going in to see this gentleman...quite lucky that the right people were in the building on the day and I was able to access the senior solicitor here and we were able to sit down and sort out the paperwork and the client left a couple of hours later and was able to do everything she needed to get her husband placed into care.... (having the accessibility to the service) here in the centre....(what else helped?) I was aware through my manager of the legal service for quite some time and it was actually my manager who arranged for the meeting at very short notice...I guess people were readily available and willing to help out in this situation...they knew the urgency of it..

WHCLS has the capacity to be flexible about its work practices because its funding allows some autonomy on how it delivers services. For BCH, a larger organisation, it was identified that integrated practice occurred between WHCLS and BCH workers when the BCH worker was able to work in this way as the funding and management permitted it.

BCH Community Worker – Staff Interviews

One of the good things about the program I am part of ...we don't have the short term time constraints...you can't box people in...people have often said to me they love it because when they go to other places they feel like a number...

BCH CEO – Staff Interviews

Let me take it down to the funding agreement, Community health program which is a global budget which allowed flexibility to move positions around...targets weren't that important, they weren't overly concerned with measurements. That now constitutes 28% of our business - the rest of our money is targeted money and when it is targeted money, it has measurements attached to it, that money can be taken off us

BCH Manager

Systems...in the health sector...the way services are funded...funding often comes in silos....how do services have one intake system, one file...this impacts on how workers talk to each other, how there is clarity in , care planning.....ensuring the client. is driving their own direction...sometimes services don't have the time to make that happen

6.3.5 Identifying community need and community participation.

The allocation of resources to identify common community problems and joined up solutions is another potential aspect of the integrated service delivery of WHCLS and BCH. Both organisations attempt to provide preventative health and legal programs to the community.

The research identified a number of informal attempts by workers to identify opportunities for joint work on community problems. This usually involved staff seeking advice from WHCLS lawyers on a community problem and WHCLS providing legal information on it. The involvement of WHCLS in the West Heidelberg Residents Group was an ongoing example of joint work on community problems. The training conducted by the WHCLS Director on the Charter of Human Rights demonstrates the ease of access to community groups provided by the collocation and relationship with BCH. The advantages of the collocation and relationship with BCH in identifying community problems was identified by the WHCLS Director

WHCLS Director

I just look at other community legal centres and I really think that we are very fortunate because at the end of the day, its better for our clients.....those legal centres have to work so much harder to reach the clients who most need their help. we know that clients do not know their legal rights, we know that they do not know how to identify a legal problem and to reach those people on the margins is much harder I think, whereas for us we have so many different services who are pitched at working with that group of people...we are extracting those most in need from them..

However there was no evidence of organisational attempts to identify other possibilities of working on preventative health, welfare and legal issues and limited resources allocated to this. The ability of the organisations to dedicate staffing resources for this has already been identified as an issue. The small size of WHCLS is written about in other sections of the research, as is the significance of the employment of the Director and the input this position is able to make to developing community and organisational connections. BCH has more capacity to work with the community in areas of increasing social inclusion and health promotion work and access to staff employed in network partnership work with primary care partnerships. There could be increased sharing of resources and knowledge and identification for joint workings in these areas. An evaluation process of the relationship between WHCLS and BCH may help to identify areas that could be improved or areas in which the organisations could work together.

The type of staff or professions employed by the organisations, and the flexibility the organisation allows these staff, also impacts on the amount of identification of community needs within organisations but organisations are restricted by funding arrangements and available resources. The ability to research local community needs, identify how problems manifest and design appropriate solutions, is limited by the available funding. Related to this are the restrictions placed on the use of funds to employ staff with experience in research, project and community work. This often

means that projects for law reform, community education or community development rely on anecdotal evidence of staff, staff interests or on systemic definitions of problems and are not embedded in well researched and empirical, evidence based understandings of community problems and solutions. There was a recognition the WHCLS has some ability to take community issues to a policy level.

BCH CEO

Through case works come policy. You see a problem that is magnified 50 times and you think there is a fundamental problem here. That is not happening anymore...its the diversity, it is systemic, people are more concerned with their patch, making sure their targets are met, making sure their client outcomes fit in within their clinical guidelines. The identification of issues and as an organisation I don't think we have the facilities for that to be taken to the next level...And whose going to start developing advocacy plans. We used to have a plethora of social workers here, now we don't have them. Social workers used to go out and do a plethora of community work

We should have a say over the structural issues. There should be a way of feeding up those issues from a policy position in terms of the community and advocating for them. From there, there should be a way of taking those issues to VCOSS or Australian Community Health...and these issues should be brought to governments. There should be a movement that takes place. The legal service is very good at that because they challenge people not from a policy position but from a position of law...of rights. We have lost that in this organisation

6.3.6 The role of leadership in identifying problems and solutions

Leadership has a significant influence on process of identifying community problems. Someone needs to take responsibility to make it happen, to raise awareness of other services and how they may be connected to community problems. There were examples in the research of managers taking time to ensure workers knew about the other service and their relevance to the work of workers.

BCH Community Nurse

I was aware through my manager of the legal service for quite some time and it was actually my manager who arranged for the meeting at very short notice...I guess people were readily available and willing to help out in this situation...they knew the urgency of it...

WHCLS Reception

When she (the director) wasn't here I felt like we were very isolated, like the legal service was just co-located, but since the Director has been on board, you know she has got out there with the staff and done the training it is different..... People come up and say (the Director) mentioned this can we do this that and the other, it has just opened everything up. We feel more a part of the service now. We are more aware of where we can refer people now - we have done some of the training with the Director and it has made us open our mind up to - oh hang on a minute - I can refer this downstairs, whereas before that I guess we were just isolated.

This research identified the significant difference between workers who had been at BCH for a number of years and those who had been working there for a shorter time in their referral practice to WHCLS. The research notes the exposure over time to various problems will provide more opportunity for workers to refer to WHCLS and the fact that WHCLS is within the BCH building means it is more likely a legal service

may be identified as an avenue to resolve a presenting problem of a client than if the legal service was not present in the building.

The role of leadership within an organisation to guide and facilitate this access to services is noted in the research. A good example is the story detailed by the community nurse who needed to access a power of attorney for her client. This nurse had not had experience of working with WHCLS, although she states she knew about it from her manager. Her manager assisted her by talking to WHCLS lawyer and facilitating the lawyer to see her client. This is a demonstration of how leaders/managers can guide and facilitate integrated practice. It also demonstrates that integrated practice is often instigated by the needs of a client. Since this case, the community nurse has spoken with the Director at WHCLS on the legal needs of people with chronic disease and they are developing ways of working together to assist these community members.

Workshop on findings

Participant: (Community Nurse – Chronic disease) and I met two weeks ago and that was a clear message about people with a chronic illness, their access to critical information about legal rights and access to information, people who can't get in or out of their house, the additional stress that causes....

The online survey to BCH showed most BCH managers had some interactions with WHCLS, with 3 (7) reporting regular contact with WHCLS outside of contact on specific community problems. 5 (7) reported feeling they had sufficient knowledge to make a referral to WHCLS

BCH management support at a governance level for WHCLS and its collocation within the BCH building is a significant area of leadership that identifies the link between legal problems and health problems and recognises the role the services play together in assisting the community with these problems. This was discussed in interviews with staff and is written about previously in this section. There were significant interactions reported in WHCLS diaries with BCH Community Programs Manager (also the Chair of the Board of Management of WHCLS) and the BCH CEO. Most of these interactions were about organisational matters for WHCLS, some involved the sharing of sector or professional knowledge and referrals to WHCLS for community members.

There was also evidence of a lack of leadership to identify areas of joint working between the two organisations. In responses to the online survey, medical and health treatment staff showed limited knowledge of WHCLS and felt they did not have sufficient knowledge to refer to WHCLS. Respondents from medical services and allied health teams reported no legal problems experienced by clients were reported to be seen at least monthly. These respondents all reported they had at least weekly contact with clients, three (3) respondents reported having made a referral to WHCLS and only respondents employed in physiotherapy and podiatry reported feeling they had sufficient knowledge to make a referral to WHCLS. No respondents reported having regular contact with WHCLS other than for a specific client or community legal problem.

I suppose ignorance (about WHCLS). Specific guidelines, I didn't know about this housing business that (the WHCLS director) ...presented on recently and the role with Centrelink, again, I just don't know. You think legal, you think criminal justice or maybe family but I don't do family ..., so again I thought it was pretty much for people who got in trouble with the law, often drug users, go and get advice. I did not think about the social justice side of things. And that's just probably ignorance, not seeing or being in direct contact..

Analysis of worker diaries, showed no interactions between WHCLS and medical services and allied health services management or staff employed in medical services or allied health.

As discussed earlier in this section, there was a lack of exchange of information on organisational issues and work on service coordination, joint community, partnership and preventative work.¹⁶ There was little evidence of attempts by those responsible at BCH to involve WHCLS in changes to referral processes, primary care partnership work and health promotion work. The exclusion of WHCLS appears to be an oversight due to a lack of awareness of possible relevance within the organisation and a lack of staffing resources at WHCLS to work with on these issues.

The impact of the limited staffing resources at WHCLS can not be understated in relation to these areas. Until the appointment of a Director at WHCLS, the WHCLS staff positions were largely focussed on the day to day operations of the legal service and the provision of case work and legal advice and the clinical legal education program. There was limited capacity to promote the service, raise awareness of legal need areas and evaluate the purpose and scope of WHCLS and BCH's relationship. The lack of leadership within WHCLS is noted as important as the limited awareness or interactions raised by some BCH staff in leadership or management position.

Meeting with BCH Manager

Legal service is not actively promoting what it does – GPs do not know what the legal service do

The employment of people who are willing and able to work holistically is a significant issue for leaders of successful integrated practice. There are limited resources available to community organisations to employ staff members. Community organisations are not able to provide wages and conditions that are competitive with private practice. Participants identified difficulties in employing the staff with necessary skills and people who want to work in the community on limited budgets.

BCH CEO

but we still can't employ people because they get paid more in hospitals and private practice.....we used to be able to attract people to community health because they wanted to work here...

WHCLS - Lawyer

¹⁶ The exception was in the work of Neighbourhood Renewal project and WHCLS on housing rights where there is BCH management involvement with Neighbourhood Renewal and connection with WHCLS).

I think that in the hiring they should quiz people....what their understanding is or their enthusiasm for it.....

Employment of the right staff is a difficult issue for organisational managers. Leaders want to select people who have the ability to lead holistic practice, to think beyond policy and sector definitions of problems and creatively on how to solve local community problems. At the same time, organisations need to be able to provide good, quality services to the community. With limited resources and limited capacity to employ the highly skilled and high demand professions such as lawyers and doctors, organisations need to make choices on how best to use scarce resources. Lawyers and doctors in community services often do not have the time to provide a holistic practice. They need to share their highly skilled professional services amongst as many people as possible. Organisations need to decide the balance between a legal or medical advice and the case planning and case management aspect of a client's needs. Leadership within a community legal or health organisation require strategic thinking and decision making in order to make the best use of resources to meet community need. Leadership and employment of the right staff also impacts on organisational culture and integrated practice.

BCH CEO

There are systemic issues, there are funding issues. My position involves those systemic issues around funding viability, policy and ensuring the organisations long term security

6.4 Organisational trust and respect for the relationship

"I think it is the culture of the organisation, the culture of the legal service."

BCH Community Nurse

All of the factors discussed in this section, shared history, shared space, shared work, the identifications of shared opportunities, rely on the organisations having a trust and respect for the ongoing relationship between WHCLS and BCH. This trust and respect is encapsulated in a shared culture, recognition of shared benefits and in a commitment to maintaining the relationship.

6.4.1 Shared culture

Both WHCLS and BCH aim to provide services to their local community and focus their services to those members of the community with the least access to justice and health services. They are both committed to finding preventative solutions to justice and health problems. The commitment to and understanding of the local community, the recognition that the members of the community lack opportunities and face significant disadvantages, and the endeavour to address these injustices is recognised by research participants as the binding force that had driven the relationship between the two organisations.

BCH Community worker

[WHCLS] their openness, that they are here, their preparedness to go the extra mile..... to support the client, that they have an understanding of the clientele we represent in our immediate area here. Most of the people I am working with are people from 3081 ...that they have an understanding of the type of housing they are living in, they have an awareness of people's type of income and financial situation,

the benefits and the difficulty they have experienced, some of conditions they are living under, they have an awareness of people financial situations and incomes and also an understanding of families and young people and schools in the area

BCH Community Nurse

I think it is partly attributable to (being in the one space). I think it is the culture of the organisation, the culture of the legal service.....it is also because some of us have been here for such a long time..(CLE) solicitor has just fitted in to that .. and the fact that everyone is right here...(facilitated by the organisation) I think it is, that's the feeling that I get. BCH and WHCLS.

Participants identified challenges to the culture of the organisations. Some of these are discussed in previous sections of this report: High demand for services and high needs of community led to difficulties in meeting the presenting needs of the community, and left little time to evaluate and identify unmet needs; the siloed and insular perspective of professionals; limited resources to meet needs and provide community prevention work.

WHCLS Director

..I think we as a legal service we do as much as we possibly can with the limited resource we havewe are dealing with structures that are rigid in their approach to complex community need ...many of our clients don't just have one issue

The other relevant issue identified in the research was government funding bodies requiring very specific and defined measurements of practice had shifted the focus of the organisation from a “community” organisation to a service provider.

6.4.2 Providing services to the local community or a community organisation

“....the community centre has a level of trust and respect in the community and that washes over us...and the ease of access...we are physically situated in a community service organisation which is a symbol that legal issues are part of the community welfare they are not separate”

WHCLS Lawyer

In the literature on access to justice and on the social model of health, the need to think holistically about community problems is identified as integral to integrated practice. However, the challenge for organisations is to be able to do this and still satisfy the targets and measurements of government funding bodies.

BCH CEO

..the notion of assisting communities or helping communities to become better communities is no longer our brief. Our brief is very much around getting people through fairly quickly. And it is kinder like the lesser of the two evils, in order for the organisation to still be here we need to abide by the rules and regulations that are imposed on us.

But my point is that all that we are? is that the meaning of why we are here - to see people and make them better and move them out? Or are we about making them better citizens, better community members, getting them to become more tolerant of different people and their community, build resilience in their community, to build a

relationship with each other, to become good neighbours? That to me is the ideal of community health was established on, for its existence. The holistic approach does not encompass those things nowadays, encapsulates access to services - services to get your feet done, services to get your knee done, to get your hip done...

BCH Community Nurse

Having an organisation like this in the first place and maintaining those services and not letting them go and ensuring that we keep those services that are central to client need...making sure that our core services are what community needs. Not going for things because they make us look good... We need to be really mindful of what this community needs and work on getting those services... where ... we have the most waiting lists.....making sure we employ staff who believe in an integrated philosophy, the whole client focussed, the social model of health

The organisation needs to remain focussed on that social model of health...more consultation with workers....sometimes we lose our way a little bit...about our core values.

Identifying what the community needs and being responsive to that is difficult because there is limited funding for this work. The data systems are not presently helpful to WHCLS and BCH in identifying their common problems and common areas of work because they do not yield this information to the services easily. Engaging the community can be difficult but identifying and engaging those in the community who do not access services easily is harder.

Community participation is identified in this research as integral to providing a holistic approach at WHCLS and BCH and as essential to maintaining the difference between being a service provider and being a community organisation. The health sector has policies on “consumer” participation in services and the research identified areas where BCH attempt this: consumer reference groups and consumer feedback forms. There were also examples of BCH moving beyond consumer input into service delivery, to create opportunities for community participation in groups and in their own environment. Neighbourhood Renewal programs are attempts at social inclusion for disadvantaged areas. BCH began a Men’s Shed program and run health support and self management groups. A group that has developed organically from emergency relief casework to a group of women meeting, getting to know each other, build trust in workers and services and identify their own goals is the “Let’s do it group”.

BCH – Community Worker

(my work) involves people who are coming in generally in crisis needing emergency help by way of material aid...it opens the door to be able to look at the bigger picture with people's needs and link them in to services such as the legal service if it is a legal need....."let's do it group" that is a group that runs once a week....people who are quite isolated and not linked into many services when they join the group, mix with other adults, do some arts and crafts and look at one goal they would like to achieve with their life and work through to meet that goal..and family camps which operate twice a year...

The provision of opportunity for the community to meet and use space within the BCH building, or meet elsewhere but with connection to BCH workers, is often the key to building relationships with vulnerable people. BCH is a large enough organisation to take on various community projects and funding for such work. The

benefits for WHCLS in its relationship with BCH are they can become part of the trust and awareness that is built in this work.

WHCLS Director

And that is the critical thing, the community own this building, its not owned by the health centre, its not owned by the legal service...they come here for their elders lunches, they come here for the men's shed get togethers, they come here for dancing, they come here for weaving, its a community owned centre. So, it's a space that is happening anyway, and amongst it is all these services that are coming in and out of those groups

WHCLS Lawyer

Somehow consciously or subconsciously, people realise that legal issues are part of the community...the community centre has a level of trust and respect in the community and that washes over us..and the ease of access..we are physically situated in a community service organisation which is a symbol that legal issues are part of the community's welfare they are not separate...I think it is because we are just here...

There is not much emphasis in the traditional legal sector on community participation and community development work. Prevention work centres on providing community legal education and law reform. The relationship with BCH allows WHCLS to access community groups easily to do such work as was illustrated in the human rights training conducted by WHCLS to BCH groups. It also allows WHCLS to build on the respect and trust established by BCH community work. In this way the community also recognises WHCLS as a service that belongs to them and is there to help them.

6.4.3. Maintaining the relationship and managing conflict

The ongoing maintenance of the relationship between WHCLS and BCH relies on mutual respect and trust between the organisations, the workers involved in the services and the communities of both services. The role of leadership is integral to the maintenance of this relationship.

BCH – Manager

so leadership is essential at a management level and a governance level, not just a networking but a real collaborative level where we are sharing resources and sharing knowledge, sharing experiences...it needs to be given time, given resources and an acknowledgement that you are bringing together different disciplines and different ways of looking at things

The research identified significant input at a BCH management level to maintain the relationship and support the existence of WHCLS. However, maintaining the relationship also involves management involvement in resolving organisational conflicts. One way in which conflict is managed between WHCLS and BCH is the keeping of separate client information files. This ensures there are no conflict of interest issues for WHCLS when community members access WHCLS and have legal problems with community members who access BCH.

Another area of potential conflict relates to the limited resources of both BCH and WHCLS. The relationship between WHCLS and BCH exists without any direct support from funding bodies and government policy. Both organisations have to meet their own systemic and funding pressures. The relationship is not always at the

forefront of implementation of policies. For example, the lack of inclusion of WHCLS in various primary health care partnership projects, organisational policy and quality work and the service co-ordination and health promotion agendas set by the health sector for community health services. The pressure on BCH is to direct its attention to primary health care sector.

Additionally the asymmetric nature of the relationship can generate conflict. BCH is a much larger and better resourced organisation. This can create pressures over the use of resources, office space and continual input by BCH into WHCLS governance and support of its operations. While this pressure was not stated as existing at present, as stated previously in this report, participants to the research stated they felt this was because of the longevity of management and key staff of both organisations and the respect and value they placed on the relationship between the two organisations. Respect for the unique advantages WHCLS brings to BCH and to the local community, its contribution to the social model of health is essential for the maintenance and enhancement of the relationship between the two organisations.

WHCLS management of internal conflict between staff and managers involves ongoing liaison and responsiveness to BCH. The example of limited knowledge about WHCLS by some BCH staff is a good example. WHCLS have access to easy and effective ways of informing BCH workers about their service, such as the intranet. The use of these methods to update workers is essential for ongoing maintenance of the relationship.

An example of how WHCLS can maintain a good working relationship with BCH workers and with the organisation and community as a whole is in the area of family law work. The rationale for when and why WHCLS does family law needs to be continually disseminated amongst BCH staff and the community. WHCLS may need to become more open to input from BCH staff about what they consider should be priorities for WHCLS.

WHCLS Solicitor

(Family law issues) no it does not get negotiated. We do not have contact with the person who refers in those circumstance....I think again it is that education, that we will do simple family law advice but can't do casework....they need to know what we do.... it is because they do not understand what is involved in family law...we do not have resources to do that.....

There was also recognition by participants that both organisations would benefit from an understanding of their shared culture of working “holistically” with the community. Organisational encouragement and promotion of the historical culture of why WHCLS and BCH are community organisations and not just service providers was identified as important in retaining and promoting the integrated, community focussed values of both services.

Workshop on Findings

Participant: it does beg those questions about shouldn't everybody be providing integrated/holistic care or are there some services... that are just so under the pump that they can't. .I think that is a really great question to examine because I think that as long as you have an ideology, a philosophy and a value base, a social health

model driving all that...with adjustments of some of the systems, you are going to produce some better outcomes anyway. If you have a value base, a culture...

Participant 2: We talk about the social model of health which drives our organisation, that is why we are here, to address those imbalances and to recognise that they happen, it has a disempowering affect on people, yet when you talk about it and bring it up with HR that we need to incorporate in our questions what are the social determinants of health, they say we don't know what the social determinants of health are. So you can see the shift that has happened with the de sophistication of agencies...we have become just service providers. There has been a monumental shift from what we started with to where we are now...(at a policy level) it is just rhetoric.

WHCLS Lawyer

There is not a lot of connection between the physical care, Doctors, dentists, physiotherapists, OTs...medical side. I don't know of any referrals that I have ever had from them, apart from the midwives. When we had our ..planning day...a lot of them had the wrong idea ...that we were all gung ho lawyers...or they don't see that there is a connection, that someone with Centrelink issues could be worried about that or that we could do something... I'm thinking of some things I hear in the lunch room, (some workers), I don't get the impression they know much about what we do here.....I think it is a professional perspective, unless you have a holistic view, you might see that in isolation....I think it is a lack of understanding about a holistic system.....(needs) better training

It has to be top down plus nuts and bolts...its not enough to say this is what we do from the CEO down the right mechanisms need to be in place....breaking down the barriers between professions who see themselves in a particular box...medical professions.... (the organisation should) Do something that will capture that enthusiasm....that we are all part of this vision that Mary Morgan had...that is still providing those services.

7 The Systems

This section examines service systems influences on integrated legal service delivery at WHCLS and BCH. The influence of service systems and funding bodies on integrated practice is demonstrated throughout this research project. The impact of government provision of legal, income, health and housing services to the community; the impact of funding targets and measurements on service delivery; and the impact of policy on community organisations is apparent in what happens at WHCLS and BCH.

7.1 *The service systems – standards and expectations.*

Australian Community Legal Centres (CLCs) receive small amounts of government funding compared to other community service organisations, such as community health services. Historically, and to the present day, community legal services rely on volunteer and pro-bono lawyer involvement and, as at WHCLS, clinical legal education programs to supplement their funding and sustain their service provision to the community. There is little policy work devoted to collaborative understandings on service delivery and practice, and organisational structures within the community legal centre sector.¹ This is due, in part, to the independent history and culture of CLC's and also the limited funding and interest in this from government funding bodies.

In contrast, the recent growth and changes to community health is reflective of a government focus to provide community based health services and programs. This is part of an integrated “whole of health” focus within the Victorian health system. Community health centres deliver health programs and services to the community with a focus on those with least access to health services and a growing focus on chronic disease management and preventative health. Policy frameworks have pushed for the primary care system to become more integrated. The Victorian health sector has developed a number of policy documents providing guidelines, frameworks, understandings and policy directions on partnerships, community participation, integrated services and service co-ordination, and preventative health.²

7.1.1 WHCLS and Community Legal Centres

West Heidelberg Community Legal Centre is one of 200 (approx) community legal centres throughout Australia. Community Legal Centres are typically small, independent community organisations with unique histories that originate from the access to justice movement in the 1970s. They were established through the work (usually voluntary) and dedication of local people to provide access to legal information, advice and representation in areas of need.³

¹ Attorney General's Department (2008) *Review of the Commonwealth Community Legal Services Program*. Canberra, Commonwealth of Australia.

² For examples see Department of Human Services (2001) *Primary Care Partnerships: Better Access to Services- a Policy and Operational Framework*; Department of Human Services (2007) *Victorian Service Coordination Practice Manual*, Melbourne; Department of Human Services (2004) *Community Health Services Creating A healthier Victoria*; Department of Health (2006) *Doing it with us not for us* Melbourne; Department of Human Services (2003) *Integrated Health Promotion Resource Kit*, Melbourne

³ Noone, M A & S. Tomsen, (2006) *Lawyers In Conflict: Australian Lawyers and Legal Aid Federation Press Chapter 7*

Community Legal Centres receive both federal and state funding. The federal funds are administered through the Commonwealth Community Legal Service Program.⁴ This funding is administered, in Victoria, through Victoria Legal Aid. In 2008-09 Commonwealth funds for Victorian community Legal centres was \$7,385,676 and State/VLA funding was \$9,643.934⁵. Funding for community legal centres is a fraction of other community service organisations such as community health services. At WHCLS, the clinical legal education program and volunteers assist in sustaining service provision to the community.

Unlike other government funding programs, there is limited work on service system policy for community legal centres. The implementation of service standard agreements and data collection in the past has been problematic as CLCs have viewed this as a threat to their independence and professional standards. Though peak bodies such as the National Association of Community Legal Centres accept the need for accountability through such mechanisms, there is little policy work devoted to collaborative understandings on service delivery and practice, and organisational structures within the community legal centre sector.⁶ This is the result of a variety of factors including the independent tradition and history of community legal centres, the location of this funding program within the Attorney-General's Department and the limited funding involved.

The Federal Attorney General's *Review of Community Legal Service Program* stated the key reasons for funding CLCs are:

- their ability to work with communities who are disadvantaged and face a range of legal and non-legal problems,
- their ability to make connections and work with other non-legal community organisations,
- their ability to harness the capacity of volunteer work within the community; and
- their ability to know the local community, identify their needs and respond to emerging problems. (It is recognised the connection to community often relies on their connection with other community services).⁷

The research identified limited resources available to WHCLS through the legal services sector to support them in these abilities.⁸ The creation of the Director position at WHCLS (developed through a combination of existing funding and a one-off funding opportunity) has certainly enhanced its ability to identify areas of work within the organisation and the community. However, there were little written or financial supports provided to WHCLS to support them in identifying community need, developing partnerships with other organisations, developing referral

⁴ For further detail see: http://www.ag.gov.au/www/agd/agd.nsf/Page/Legalaid_CommunityLegalServicesProgram_TheCommunityLegalServicesProgram accessed 10/8/2010.

⁵ Victoria Legal Aid *Statutory Annual Report 2008-2009* 80

⁶ Attorney General's Department, above n 1

⁷ Ibid.

⁸ Federation of Community Legal Centres (Vic) (2006) *The Capacity Building Project* FCLC and Victoria Law Foundation, Melbourne. The Federation of Community Legal Centres (Vic), with the support of the Victorian Law Foundation, conducted a capacity building project. They also have a range of fact sheets for the delivery of Community Legal Education. One of these, *Community Legal Education Made Easy Fact Sheet 10 – Partnerships and Collaboration*, is a four page guide on partnerships. The case studies listed refer to partnerships within the community legal sector.

processes and joint working protocols to address complex need of community members and developing community participation opportunities.

There is a growing acknowledgement within the legal sector of the advantage of seeking community based resolutions to justice problems and to divert pressures from the court system. The focus of the Federal Attorney General's recent Access to Justice agenda states:

Improving access to justice is therefore a key means of promoting social inclusion. Many of the issues commonly faced by people, such as family breakdown, credit and housing issues, discrimination, and exclusion from services, have a legal dimension that if not resolved can contribute to social exclusion. Courts are not the primary means by which people resolve their disputes.To improve the quality of dispute resolution, justice must be maintained in individuals' daily activities, and dispute resolution mechanisms situated within a community and economic context. Reform should focus on everyday justice, not simply the mechanics of legal institutions which people may not understand or be able to afford.....

The provision of information, advice, and counselling services by Community Legal Centres, Family Relationship Service Providers and legal aid is relatively inexpensive and can be an efficient means of avoiding or quickly resolving disputes.⁹

Within the Victorian legal services sector there is also an emphasis on addressing the underlying reasons for crime, engaging community support services for this and the use of alternative methods to the court system for dispute resolution.¹⁰

Research participants also noted the focus on community work within the legal services sector.

WHCLS Lawyer

..Well I think we are getting the recognition of what we are doing...I think the government are starting to understand and value it more now.....before they would give pockets of money, pockets of help...whereas now they are starting to look at better ways of doing that.... going back to grassroots advocacy and going to where the needs are...

Workshop on Findings

the new CLC funding agreements have asked for broader ways of delivering a service to encapsulate ... the community development model....

7.1.2 Banyule Community Health and Community Health Centres.

As discussed in the Introductory section, the origins of Banyule Community Health lie in a submission written in 1972 by local social workers to the Federal government's *Inquiry into Poverty*.¹¹ This submission called for a community run health and welfare

⁹ Attorney General's Department (2009) *A Strategic Framework for Access to Justice in the Federal Civil Justice System.: A guide for future action* Access to Justice Taskforce Canberra

¹⁰ Department of Justice (2008). *Attorney-General's Justice Statement 2 - October, 2008. The next Chapter* Melbourne, Victorian Government Department of Justice.

¹¹ Morgan, M. (1976). *Commission of Inquiry into Poverty. A Study of the Heidelberg (Victoria) Community* Canberra, Australian Government Commission of Inquiry into Poverty

centre to provide a range of integrated health and welfare services to the community of West Heidelberg. This was established in 1975 and until the 1990s the health centre was known as the West Heidelberg Community Health and Welfare Centre. There are a number of community health centres within Victoria, most of them located in lower income communities, usually near or within public housing estates.

Since 1975, Banyule Community Health has grown in size, the number and make up of staff has increased, a new building erected and the name has changed to recognise a broader catchment area of service provision. Core community health centre funding currently constitutes about a third of the funding to BCH. Other programs and services delivered by BCH receive targeted funding. BCH General Practitioner medical service is funded through the federal government Medicare system, which provides funding per patient per episode of care. Other programs delivered by BCH, such as the Neighbourhood Renewal programs, sees BCH employing one Neighbourhood Renewal worker who is within a team employed by other organisations and is managed by Office of Housing. The delivery of various programs involves meeting targets and sector demands.

BCH CEO

Community health has become very service focussed and silo focussed.....

The growth and changes to community health are reflective of the focus on providing health services and programs within the community. This is part of an integrated “whole of health” focus within the Victorian health system.¹² This is attributable to policy decisions that attempt to address inequalities in access to healthcare and the needs of people with complex and chronic health conditions and their impact on hospital admissions. An effective primary health care system is identified in international studies and by both Victorian and Federal government policy as lowering health care costs systemically (more so than systems focussed on specialist and hospital care), reducing inequalities in health and improving the health of a population.¹³

Community health centres deliver health programs and services to the community with a focus on those with least access to health services and a growing focus on chronic disease management and preventative health. Policy frameworks have also pushed for the primary care system to become more integrated. Primary Care Partnerships (PCPs) are established to make these links in local areas with an agenda that states “agencies working in partnership towards shared goals can achieve better health outcomes”.¹⁴ The aim of PCPs is to increase service co-ordination amongst primary care services and increase the capacity of organisations to work together on preventative, local initiatives to improve health outcomes for their local community. Underpinning these policies, it is stated, are concepts of person-centred care and a social model of health which views health in its broadest definition to include all aspects of health and wellbeing.¹⁵

¹² Department of Human Services (2004) *Community Health Services Creating a Healthier Victoria*, Melbourne

¹³ Department of Human Services *Primary Health Care in Victoria: A discussion paper, April 2009* Primary Health Victorian Government Melbourne, Vic.

¹⁴ Banyule and Nillumbik Primary Care Alliance, *Primary Health Care Plan 2006-2009*

¹⁵ Department of Human Services (2001) *Primary Care Partnerships: Better Access to Services- A Policy and Operational Framework* State Government of Victoria, Melbourne

The Victorian health sector has developed a number of policy documents providing guidelines, frameworks, understandings and policy directions on partnerships, community participation, integrated services and service co-ordination, and preventative health. These are resources to assist organisations in providing this work. They are also guidelines on the expectation of funding bodies. There is much to read, consider and measure in the Victorian primary health system.

7.2 Service system policy : integration, collocation and joined up solutions

...funding often comes in silos....how do services have one intake system, one file?...this impacts on how workers talk to each other,...[and]... clarity in the care planning,(and) ensuring the client..is driving their own direction...sometimes services don't have the time to make that happen

BCH Manager

Many government and service sectors are identifying the need to link service systems to address complex problems. This is certainly the case in the Victorian health system but there are also some developments in the legal sector focussing on integrating the court system with other community support services. As discussed in Section 1 the Neighbourhood Justice Centre in Collingwood is one example as is the Integrated Family Violence reforms.

7.2.1 Integrated service systems - WHCLS

The research identified a lack of resources available to community legal centres to assist in the development of partnerships and referral processes. Additionally there is no systemic support for identification and development of program responses to local community justice needs with other community organisations. Just prior to the research period, WHCLS had received a one off Commonwealth funding grant that enabled it to employ a Director who is charged with not only managing the operational aspects of WHCLS but also with developing a strategic plan, partnerships with other organisations and alternative ways to meeting community need.

Partnerships with other organisations, community work and referral practice at WHCLS is embedded in its history and relationship with BCH. WHCLS often accesses the community through BCH services and community work; it links into BCH organisational relationships and knowledge; and it develops relationships for shared working with other professionals and workers at BCH. This research identifies how and when this works well between WHCLS and BCH and this is described in the previous section.

The limited resources available to WHCLS to improve their partnership with BCH, develop efficient and effective referral and joint case work processes and identify opportunities for joint case work is noted in this research.

BCH Manager

the other area that is a challenge is around that capacity building area, relationship building, legal services are generally small, often busy, often underfunded agencies, where services are really challenged to do the work required like connecting to the health service.....

7.2.2 Integrated service systems - BCH

In contrast to WHCLS, the research identified significant systemic resources provided to BCH by the Victorian health system. These resources were directed to develop partnerships and integrated referral and service coordination with other organisations involved in primary health care system. For example, BCH is involved with the Banyule and Nillumbik Primary Care Alliance (BNPCA). BNPCA is part of the Primary Care Partnership Victorian government initiative to help resource BCH and other primary care providers. The aim is to assist with integrating primary health care services and programs at a local level. Workers for the BNPCA are located within the BCH building.

BCH is also involved in the HARP program (Hospital Admission Response Program) in partnership with the Austin Hospital. This program provides community based care to people at risk of ongoing hospital admission. BCH receives funding and employs staff within this program.

Service Coordination, Integrated Health Promotion and Early Intervention and Chronic Disease are the Victorian Government health priorities. BCH is involved in and receives funding for Early Intervention and Chronic Disease initiatives and for health promotion work in the community. BCH, as a primary health care organisation, are providers and delivers of these services and programs.

BCH – Service Co-ordination policy

Banyule Community Health Service (BCHS) has developed a Service Coordination Strategy that incorporates the implementation of a model of service coordination. This has been done in conjunction with the Banyule Nillumbik Primary Care Alliance (BNPCA) to improve service coordination within the primary care sector, and involves the development of protocols which are uniform across the region. The implementation of a service coordination model will facilitate system entry and navigation, assessment and care planning, and consolidate and enhance current best practice.

The focus of Primary Care Partnerships is to integrate health service providers. Although the social model of health is embraced in much of the literature on primary health care reforms,¹⁶, the focus of partnerships and integrating services initially has been on integrating those services which deliver health treatment and medical services or programs within the community, rather than all community services which assist with the broader issues involved in the social model of health. Research participants stated this is changing and the scope is broadening to include other services such as mental health, housing and disability services.

However, the primary care partnerships have not considered legal services as yet, even though PCPs have the capacity to include local content and the relationship between BCH and WHCLS is well established. This demonstrates the power of systemic agendas in directing this work in the primary health sector at a local level.

¹⁶ Such as in Department of Human Services (2001) *Better Access to Services* policy which began the service coordination process in Victoria's primary health care sector.

Workshop on findings

Participant 1: The capacity of agencies to take on more streamlined referral practices – they have started with bigger agencies like hospitals and councils

Participant 2: There was a definite emphasis on aged services to start with, then we have been working with palliative care, disability, mental health services are probably our next one, children and family services, within scope

Participant 1: The homelessness services have only been included in the last six months. In terms of capacity, community legal services are really small funded agencies, in terms of their organisational capacity to be involved in this space. Our money has been caught up in service delivery and has had no real management involvement in these discussions and to some extent has been dragged there by the health centre.

Participant 2: I think there is still capacity locally to know the context and respond to agencies that are interested and showing interest (But it has not happened here?)

Participant 2: No

Participant 2: It was never on our radar

7.2.3 Collocation

“Collocation does not mean integration - it is more about shared values”

BCH Manager

Integrated service initiatives sometimes involve collocating services, while others involve the establishment of common referral and assessment tools and protocols between organisations for working together. Collocation involves the physical sharing of space amongst services.

This research identifies collocation as valuable to community members because it enables access to a variety of services. It provides a ‘one-stop shop’ provision of services. However, the research participants expressed an appreciation that integration involves not just collocation but a mutual understanding of community problems and a mutual desire to address these problems.

“GP superclinics¹⁷” were talked about in the research as an example of current sector policy on collocating health services. GP superclinics are a federal government health sector response to chronic and complex need in areas lacking access to health services. Research participants identified there were a number of elements needed as well as collocation to enable these services to connect with community, integrate services and assist with complex and multiple problems.

BCH CEO

GP clinics create synthetic organisations....one stop shop and whack it into a neighbourhood, then you open the doors for business....what I want is..a facility that people have an understanding that this is theirs, it belongs to them...

¹⁷ GP superclinics are an Australian Government initiative for the primary health care system. These clinics are designed to house a number of health and welfare services. For more information see <http://www.health.gov.au/internet/main/publishing.nsf/Content/pacd-gpsuperclinics>

Workshop on findings

Participant: You need to have all those underpinnings in place.....you need someone to go in to do some capacity building to put some systems in place, some HR systems, some admin systems, some referral systems, your governance systems, getting all of those in place and then starting it off, and .., if you do not do that first, people are floundering, they don't know what to do, their first referral does not work, it takes up a while to develop referrals, and what we experienced with an integration model two years ago with the Austin, trying to do it that way was it did not work, we were trying to do too much without resources. We have resources now and we are doing all of that so we can have some integrated, colocated practice..

This research illustrates that the community connects well with colocated services when they have a connection with staff and organisations they trust. There was considerable evidence of this in the WHCLS client surveys and anecdotal evidence from staff interviews. Staff benefit from leadership and structures within organisations that enable them to get to know and work with other colocated services. Organisations benefit from funding structures which resource them to get to know each other; develop effective ways of working together and sharing resources, including knowledge; and allows them the flexibility to work with complex problems in a way that is responsive, flexible and community or person centred.

Collocation provides great benefits to the community for access and developing confidence to seek assistance; builds trust between organisations; enables workers to get to know each other, use time efficiently and access professional expertise, which builds awareness of problems and solutions and capacity to deal with them. For disadvantaged communities and community organisations with limited funding and resources, collocation is vital to achieving efficient and effective integrated practice to meet complex need. Collocated service can work well when the relationship between the organisations is respected by the community, staffs and leadership within the organisations.

However, the full potential of integrated legal services at WHCLS is limited by the lack of funds and resources available to monitor and evaluate integrated community and client services. For example additional resources provided to WHCLS could assist it to develop referral, secondary consultation and joint casework processes and further identify and develop joint community and preventative initiatives with BCH programs.

7.2.4 “Person centred” service systems

Integrated legal services require a degree of flexibility and often significant time when providing services to the community. “Person-centred” services or care is integral to current health agendas to provide more integrated and streamlined service systems. “Person centred” services promote the active participation of the person in their own needs, recognises cultural diversity and individual needs, and provides choice and are delivered in settings that meet the needs of the client and community. The *Better Access to Services* strategy of the Victorian Government for the primary care system states:

Service delivery needs to be driven by the needs of consumers and the community rather than the needs of the system or those who practice in it.¹⁸

¹⁸ Department of Human Services (2001) *Primary Care Partnerships: Better Access to Services- A Policy and Operational Framework* State Government of Victoria, Melbourne

To achieve this, service systems need to be properly resourced in areas of workforce, workforce training, available services and service system infrastructure.

7.2.4.1 Flexibility and time restraints

Clients benefit when there is flexibility in the provision of services including the time available. The research confirmed it often takes time to build a relationship with a client/patient and community members, to identify needs and to build confidence in accessing service solutions to these needs. For particularly vulnerable or disadvantaged communities and community members, good intake and assessment processes and tools assist with this, but flexibility and time were the key ingredients.

The surveys with WHCLS clients demonstrated a key factor in ensuring integrated practice to meet the needs of a community member was the connection and trust they had built up with a worker at WHCLS or BCH (or both) or with one of the organisations. The WHCLS client participant who accessed WHCLS through the BCH Somali community caseworker is a good example of how responsive, flexible and accessible work practices create best practice integrated services. The Somali Community Caseworker asked a WHCLS lawyer to see her very distressed client, the lawyer did so almost immediately, provided advice that calmed the client and made a follow up appointment the next day. The client attended this appointment with her caseworker. The personal and real relationship developed with the community and between services is fundamental in this example. Intake and assessment processes can provide triggers. They may even provide efficient access to a range of services but the flexibility and responsiveness of organisations to community need and the work roles that enabled workers to be flexible in how long and where they worked with people were the key aspects which facilitated integrated practice.

Staff, whose positions are highly specialised and who deliver specific legal or health services were identified as restricted in their ability to provide integrated practice because their skills were in high demand. Staff in these roles needed to attend quickly to patients/clients in order to ease waiting lists and make more appointments available to meet demand. However integrated practice requires time and flexibility which this approach is not able to accommodate.

For example, the research identified the ability of medical general practitioners (GPs) to take on integrated practice was significantly influenced by the manner in which GP services at BCH are funded. The research identified that BCH GPs spent a considerable amount of their appointment time writing support letters for patients' housing, Centrelink and court matters. The doctors performed these tasks without fully understanding the relevance or weight to be given to the letters by the relevant bureaucracies. It was also identified that BCH GPs had limited time to work holistically with other professionals and services to address the community problems for which they were writing support letters.

BCH CEO

If you have a problem in this country ...you go to your GP...I have no problems with that as long as the doctor knows what to do...and (the) time.....the reason it does not work here is we work on a perverse incentive scheme (Medicare)...(where you need to) see so many patients per hour (to cover costs).....whereas if you have a capitation system the doctors just get funded, a year's money

to break even you have to see 7 patients an hour - what kind of primary care is that.....Doctors are the primary care system...they are the gatekeeper...they can't do everything, that's what they have been trying to do...they need resources and time to undertake mental health issues, legal issues, problem gambling issues...they need to know who to refer to.....

BCH GP

I don't want to be a whinger about forms, they have got to be done in all parts of society....but it seems to be too much..... I don't mind doing forms where there is a purpose for them..... I do not know how much good they do,I do not know if these forms are being read, I don't know if what I write is the right thing

My concern is where is this going, what is it doing, is it any good to anyone, is it wasting everybody's time.. I just think it is too much time for little return. I don't know anything about those two bureaucracies, Centrelink and housing, its just a big black hole really.....

Workshop on findings

Participant: Can I go back to ten most (common legal) problems,(identified by BCH staff respondents to the online survey) You said that none of the medical or allied health staff reported seeing these problems often...what we have found is that the majority, in fact all of the doctors, refer to, or used to, refer to (the Emergency Relief community case worker).. If there is a problem, (they would not) want to know, refer to (the community case worker).....and the way the MBS items are structured that prohibits that work, it is all time based.

BCH had one community case worker (involved also in emergency relief and community groups) to work with bulk of the referrals from the medical practitioners .

7.2.4.2 Service targets, waiting lists and tight eligibility criteria

A significant challenge to providing integrated services are the pressures from funding bodies to meet service targets, ease waiting lists and meet community demand. A community nurse interviewed for the research described how her ability to work holistically was positively impacted when her case load dropped from 60 to 35. She and her manager had to persuade the funding body to allow this change in her program. They had to argue the need for more resources so service demand could be met as well as a holistic practice delivered.

BCH – Community Nurse

probably at one stage the client work load I had...I may not have been as thorough when I had 60 clients as opposed to 35..I may not have been as thorough in being able to address all those issues that I can know for having less clients)...it was a long process of drawing on data over a 12 month period and proving to DHS that there was a need in Banyule for more EFT in this working role....[it was].my initiative and

my manager's....it came from the bottom up, a recognition of growing wait lists, having to say no, me working more hours than I am contracted to do, to finish paperwork so that we were legally covered after seeing clients.....

Similarly the WHCLS Director and lawyer spoke about the difficulties experienced when the legal service does not have enough appointments available to meet demand. This is especially the case when work is done to raise awareness of WHCLS and legal need amongst the community and BCH workers. Integrated practice allows for increased access to a range of services and this then can lead to an increase in demand for services. The legal service is allowed some flexibility in the time and way in which they see people. However WHCLS has limited resources (with funding for less than three full time workers) and so must prioritise who and what types of matters they can assist with. Working holistically with someone involves more time, which means seeing less people. If holistic approaches and integrated service delivery are the priority then realistic service targets and appropriate funding is required.

WHCLS - Lawyer

Somebody who walks in with a child and says my child is sick..... Doctors are thinking to themselves I have to discover what the medical issues are and I can see that there are some distressing things in this relationship and I am running 12 minutes late and I have someone else waiting outside.....And to an extent this is happening within the legal service as well, we are expected to see a certain amount of people. My view has always been, that I would rather see a small number of people well

Unfortunately, there is a finite number of services that can be provided. Waiting lists develop and clients and community members are unable to get appointments because demand for service exceeds supply. Being able to refer to services when people need them is essential to integrated services. It enables workers to be able to talk to each other and engage a community member at the same time to address interconnected problems. Waiting lists and a lack of access to services were identified as significant barriers to integrated practice.

BCH GP

Long waiting lists are our biggest problem and sometimes lack of access to people who can help them...people go on holidays...sometimes (you) find that people are passed from one part of the system to another without getting anything resolved. They are just going around in circles. Sometimes it seems as though it is deliberate.

BCH Community Nurse

"Waiting lists, tight criteria around certain services.....inflexible criteria...as a health professional,...not knowing the services or how to navigate the community system."

BCH Community Nurse

our new system of data collection, Trak It, is wholly and solely based on clients. We do so much work that is not necessarily client content, we work with other organisations, .. people use us for advice, we get asked to go on committees, we are told you need to develop partnerships...that involves time commitments, meetings...people who work in hospitals don't usually come out of the hospital we have to go to them but on the other hand we are expected to see clients 6.5 hours a day

However, meeting the demand for services is not just a matter of providing more services. It is also about the type of services that are required. Community members who are significantly disadvantaged and distrusting of services, may not engage with a lawyer at a legal service no matter how many appointments are available. They may need someone with whom they can build a relationship, someone who can spend some time with them, even physically go and get them and bring them to an appointment or assist them in their own home.

BCH Community Nurse

A big one for my clients is transport.... is usually difficult for them, oxygen and quite often just getting them to a medical appointment is quite difficult,..... and when they have a lot of problems they are quite overwhelmed, it is such an affair to get them out..

BCH Community Nurse

(For some) women (we work with) who are pregnant, (if she) do not receive that flexible service, she is not going to get a service at all...whereas a hospital might say such and such has not turned up again after the third or fourth time, doesn't she care about her baby and i can say I know she has had such and such on. how about if I pop around and see her and do a quick antenatal check and I can let you know what is going onwe do that all the time, it works really well and eventually people turn up but with me having that flexibility, because I know this community fairly well, it is not an issue for me to go into people's homes....

The funding available to community health and legal organisations does not allow for this type of flexibility in service provision. WHCLS and BCH receive limited funding for staff to perform community based work. Those positions which are funded to work within a community casework framework are those that are able to work most holistically with community members.

An approach taken by those that support integrated practice is to get referral practice and assessment criteria streamlined so that individuals can access services based on need. However this approach can also cause significant hurdles to integrated practice. It is a difficult and complex process to define criteria across service systems. For example the primary care health system has attempted to do this with the *Service Coordination* initiative. The Victorian State Government, Department of Health has recently developed priority access criteria for community health¹⁹. The family violence sector and child and family services and homelessness sector are also in processes of implementing streamlined referral and assessment processes.²⁰ The challenge is, as problems do not occur in silos, service solutions need to be able to move across silos. However, this is no easy task.

This research identified integrated practice worked well when services were flexible enough to respond to need when it presented, when workers were supported to know each other and work together and their community. It was identified that over prescriptive service co-ordination processes may not be used when this is needed.

¹⁹ Department of Health (2009) *Community Health Priority Tool* State Government of Victoria, Melbourne.

²⁰ See <http://www.housing.vic.gov.au/homelessness-and-family-violence/homelessness/Homelessness-2020/homelessness-strategy>; <http://www.nifvs.org.au/>; <http://www.bswvn.org.au/subsite/ChildFIRST%20and%20CP.pdf>

When things need to happen fast workers went to people they know and trusted and made it happen.

Service systems which did not work well in an integrated model were those that were restricted in their ability to respond to immediate need when it presented, were inflexible in service delivery and criteria and when they did not have the capacity to enable community members, staff and organisations to get to know each other.

Many services are funded for staff to deliver individual services and there is limited funding to do the other work that supports integrated practice. The demand for services and the need to meet service targets is often the focus of organisations. The establishment of good working relationships and processes with the community, other staff and organisations is not factored into funding formulas and service targets.

7.3 Service systems: problem and solution definitions

One mechanism for identifying community problems and needs can be the information collected by existing agencies. Both BCH and WHCLS have client information systems designed for their specific sectors. WHCLS uses a system called *CLS/S* that is maintained by the Attorney-General's Department in Canberra and BCH uses a system called *Trak It* which is managed by the Department of Health. Unfortunately the required system generated data bases are often not designed to provide data to inform local service delivery and program implementation. They are used as accountability measures and to possibly identify service gaps for systemically defined social, health and legal problem. This can then influence what is funded and what continues to be funded. The experience at both WHCLS and BCH confirm the under utilisation of information systems in place.

7.3.1 Information and data collection

"I think you need to keep in mind that a lot of the data programs are required from outside, an external source and do not always have a local content"

Workshop on findings participant

The research identified the data systems at WHCLS and BCH were not recording the referral and joint work which occurred between the two services. The *CLS/S* data system used by WHCLS has significant limitations. Throughout the research, the WHCLS Director noted on several occasions the inability of the system to provide accurate data on referral to and from BCH and the needs of clients to inform local areas of need.

WHCLS Director

.....we were well aware of that, and over a 6 month period of negotiation to our data agency in Canberra we were able to add another layer to the data information page which has referral to the non legal services. Specifically we have another page added to our data collection for BCH and all of the programsbut unfortunately that takes six to nine months for us to be able to negotiate and we have found that we cannot extract that data ourselves - one of our issues with Canberra is that goes into the ether, and we cannot extract that information to inform our service delivery

Recently BCH has gone through considerable organisational change in implementing the new *Trak It* system. This system is being implemented by community health centres to ensure that all primary care providers work from the same client information system. The system is capable of transferring client information across

primary care service deliverers through common referral tools (such as the SCTT) and case plans.

When BCH administration was asked for details from the TRAK IT system on referrals to and from WHCLS for a six month period, they advised that there was no data recorded as WHCLS were not entered as a “referring Organisation”. The organisational influences for this were discussed in the previous section.

Systemic definitions of care providers and referring organisations do impact on systemically designed client information systems and this, in turn, can influence practice. Provision of legal services is not systemically on the agenda of primary care partnerships and so it is not surprising organisations providing legal services would not be included as a referring organisation. The research was told there is capacity to add a service as a referring organisation but this has not happened at BCH, despite the long history with WHCLS. This suggests that integrated practice is influenced by systems. Client information systems influence workers and organisations by indicating what problems they are looking for and who they should seek to solve them.

Information systems are also used to identify service gaps and trends. There will be no trends or needs identified between the health service and legal service, or particular BCH programs and the legal service, as no data is recorded on the work that is done between the services. This information cannot contribute to a systemic understanding of the links between legal and health and welfare needs and understandings of how the community access these services.

It is not clear whether the multiple needs of clients are measured by the TRAK IT system, but the understandings given by various research participants indicate the system recorded “episodes of care” rather than multiple service needs. Implementation of integrated services to interconnected problems would benefit from data systems which are able to provide information on when someone accessed an episode of care, (their point of service entry) and the presenting problem, and other services they may be referred to. For example, it would benefit future service funding and needs analysis if data systems could inform as to how many community members who rang to see a counsellor for family counselling were also referred to the financial counsellor and/or the legal service. Currently this data is not available.

Information requested from BCH data system

Referrals to and from WHCLS

The number of referrals to and from WHCLS by BCH?

NIL recorded as WHCLS is not setup in TRAK as a referring Organisation

Number of referrals to and from WHCLS – by program/service?

As above

The stage of service delivery referral took place– for example intake, case work. **As above**

Can the demographic details be accessed in aggregates for clients where a referral is made to and from WHCLS? Eg. No. of women referred to WHCLS.

No, as WHCLS is not setup in TRAK as a referring Organisation

Questions on database system.

When do clients enter the data system?

When BCHS is able to offer a Client a service

Can information be accessed on clients with multiple needs? eg. No. of clients who may see a GP and a financial counsellor?

GP service does not access to TRAK

One participant to the research also noted the TRAK IT system was essentially client based, and there was little capacity to record within it the secondary consultation work, the partnership work and the leadership work that is required to ensure integrated practice happens. Without recording the work involved in these activities, there seems little opportunity to gain a better understanding of the resources needed to provide effective integrated practice.

BCH Community Nurse

and our new system of data collection, Trak It, is wholly and solely based on clients. We do so much work that is not necessarily client content, we work with other organisations, because we have been here for so long, people use us for advice, we get asked to go on committees, we are told you need to develop partnerships...that involves time commitments, meetings...people who work in hospitals don't usually come out of the hospital we have to go to them but on the other hand we are expected to see clients 6.5 hours a day

7.3.2 Local and whole of government approaches to problem solving

It is accepted by the Federal and State Governments that CLCs know their community, work with local community organisations and are best placed to identify community need.²¹ However, the limited funding available to CLCs does not allow for this work to happen consistently or thoroughly. There are few sector resources available to CLCs to guide them in this work.

Community health services are better resourced to identify local community need and to encourage community participation. They have a number of written resources to assist with community participation guidelines and integrated health promotion.²² Primary Care Partnerships are resourced to assist these services with their capacity to provide integrated health promotion initiatives in their local area. BCH receives funding to provide health promotion to their local community and has considerable freedom to identify how to do this, although the priority areas are identified by Department of Human Services. The staffing resources are provided to enable the service to identify local issues and address them, and BCH is able to design its own model of delivery for health promotion. focus.

The Neighbourhood Renewal Project at West Heidelberg is one of the initiatives born from the recent focus by government on social inclusion. It is an example of whole of government policy²³. BCH is a partner to the Neighbourhood Renewal Program at West Heidelberg and employs the community partnerships and participation worker

²¹ Attorney Generals Department above n 1, 25

²² For example resources above n 2.

²³ This initiative began from the Victorian State Government (2005) *A Fairer Victoria, State Government of Victoria*. See also Department of Human Services (2007) *Creating A Fairer Victoria*, Government of Victoria.

in this program. Research participants welcomed these initiatives as attempts to make real improvements in the West Heidelberg community.

Workshop on findings

Policy is changing at a government level, Neighbourhood Renewal coming in, focus on proper housing, maybe some structural changes to income ..

The legal sector talks also of the link between access to justice and social inclusion.²⁴ The research identified some links between WHCLS and the Heidelberg West Neighbourhood Renewal Program. Small links were made at the beginning of the Neighbourhood Renewal program in regard to encouraging community participation in a Human Rights forum run by WHCLS. In recent times, this link has involved input into the West Heidelberg Resident's Group 3081. Research data suggests this link between WHCLS and Neighbourhood Renewal was instigated by the connection between WHCLS and BCH, leadership within WHCLS and BCH and the endeavours of the WHCLS lawyers to get to know Neighbourhood Renewal worker and become involved. This was particular evident through the worker diaries section of research.

WHCLS – Director

| | | | | |
|----------|------------------------------|---|--|---|
| 11.05.09 | Neighbourhood Renewal | Discussion in passing | To discuss program issue | Issue unresolved – trying to get a time to meet to discuss connections. |
| 15.05.09 | Neighbourhood Renewal | Discussion in passing in corridor or lunch room | To discuss community problem – law reform | Information – resources provided |
| 18.05.09 | Neighbourhood Renewal | Discussion in passing in corridor | To discuss community problem | Organised to have further discussion on community needs |
| 21.05.09 | Neighbourhood Renewal | Organised meeting at WHCLS regarding issue | To discuss community development and community legal education strategies. | Further strategies organised or planned to address community problem |
| 27.05.09 | Neighbourhood Renewal | Organised meeting by WHCLS | Advocacy and community participation in a consultation on human rights | information/resources provided |

WHCLS Lawyer Worker Diary

| | | | | |
|----------|------------------------------|-------------------|--------------------------------------|--|
| 12.05.09 | Neighbourhood Renewal | Informal catch up | To discuss needs of client | Organised to have further discussion on client's needs |
| 12.05.09 | Neighbourhood Renewal | Informal catch up | To assist with personal legal advice | Continuing legal matter |
| 12.05. | Neighbourhood | Discussion | To discuss | Information shared – |

²⁴ Attorney –General Department above n 12, 11

| | | | | |
|-----------------|--|---------------------------|---|---------------------------------|
| 09 | Renewal | in passing in corridor | inter- professional issue – info on legal service – raised issue on how we can further work together | program information |
| 26.05.09 | BCH – Neighbourhood Renewal | Email | To discuss community problem – advocacy project | Further strategies organised |

The links between WHCLS and Neighbourhood Renewal in West Heidelberg were not the result of systemic influence or a whole of government approach to social inclusion. They were made locally. The lack of resources at WHCLS, until the Director's role was created, contributed to the limited involvement of WHCLS in the Neighbourhood Renewal program (although it is noted the Clinical Legal Education supervisor made significant attempts to contribute to the Resident's Group on top of her clinical legal education role.) The "neighbourhood renewal" definition of the community problem also contributed to exclusion of WHCLS from Neighbourhood Renewal. Neighbourhood Renewal aims to "narrow the gap between some of the most disadvantaged areas and the rest of the State. In this aim, access to justice and rights, particularly in regard to housing, is not identified as a means of narrowing the gap or increasing social inclusion.

Neighbourhood Renewal objectives are:

- enhancing housing and the physical environment
- lifting employment and learning opportunities and expanding local economies
- increasing people's pride and participation in the community
- increasing access to services and improving government responsiveness (joined-up government).
- Improving personal safety and reducing crimes
- Promoting health and well being²⁵

The whole of government approach to this social inclusion agenda has not extended to include and meld with the social inclusion agenda of the Victorian and federal legal sector. Access to justice is not in the Neighbourhood Renewal objectives for addressing disadvantage.

Other sections of this report have identified the value WHCLS adds to BCH by identifying and solving community problems from the perspective of legal rights. Additionally, a number of clients present to WHCLS with problems that relate to transitional and public housing. At a local level, WHCLS became involved in Neighbourhood Renewal through its connection with BCH, shared values of service to the local community of West Heidelberg and BCH's involvement in Neighbourhood Renewal. This example demonstrates how local partnerships and integrated services can challenge and influence systemically defined solutions to problem.

²⁵ Department of Human Services (2005) *Neighbourhood Renewal- Creating A Fairer Victoria Health and Wellbeing Guidelines*, Melbourne 2

7.4. Service systems role in trust and respect between organisations, professionals and the community

In the same way that professional training informs a staffs understanding of “what they do?”, sector or systemic policy can inform a staff member’s understanding of their role and lead to a sector or policy siloed approach. As indicated above, the health sector in Victoria has been quite prolific in producing policy and guidelines on primary health care. These policy documents, frameworks or guidelines are very much imbedded in and written for health services. The influence they have on staff’s definition of their role is noticeable in this research. Sector policy can impede the development of trust and respect between staff.

The limited involvement or knowledge of WHCLS staff in Health Promotion, Service Access and Neighbourhood Renewal projects showed BCH staff employed in these services did not make the link between their roles and possible benefits of including, informing or seeking advice from WHCLS staff. At a staff level, the research could not identify, other than the Resident’s Group and reference to BCH workers involvement in a Human Rights Charter information session, many instances of inclusion of WHCLS in these programs at BCH. Additionally, WHCLS staff had limited knowledge of these programs and how they worked.

The research identifies a link between this lack of interaction at a staff level and the policy framework guiding much of these staff roles. As stated previously, there are various systemic and organisational reasons for this. However, staff thinking outside not only their professional training but also beyond their sector sphere or systemically defined area is also essential.

Integrated practice needs a combination of approaches that includes staff roles focussed on casework and community as well as service delivery. The research identified within WHCLS and BCH there were staff positions which were not service delivery focussed, that were designed to build relationships with people and the community, and that were able to provide a holistic approach to meeting needs .

The research identifies the significant service system influences on how and when organisations work with each other in provision of integrated services. They can be funded and resourced, even pushed into partnerships to meet service agendas. They can also form historically and locally, such as WHCLS and BCH, but then struggle to survive systemic influences that dictate direction of services and programs to the exclusion of that partnership.

Although the community legal and health sectors have not worked together to integrate services, both state and federal funding bodies have continued to fund and support the collocation and relationship between WHCLS and BCH for over thirty years. Despite the lack of overt sector or systemic support for the concept of integrated legal services, BCH funders accepted and funded a place for WHCLS in the new BCH building. During the research period, the new Managing Director of Victoria Legal Aid visited WHCLS and BCH to gain a better understanding of how WHCLS and BCH work together. The survival of an integrated legal service delivery model at West Heidelberg that operates between WHCLS and BCH is not only attributable to the community need, integrated service delivery at a staff level and organisation respect and contribution but it is also attributable to the funding bodies local support.

8 Integrated Legal Services

There were three key objectives of this research project:

- To gather both quantitative and qualitative data on the integrated (holistic) legal practice based at the West Heidelberg Community Legal Service and Banyule Community Health
- To assess what facilitates and impedes the provision of an integrated legal service to clients with multiple problems
- To identify key features of an integrated legal service delivery model that delivers appropriate and timely legal services to clients in an ethical and efficient manner

The collection of the data aimed to find out 'what is going on' at West Heidelberg Community Legal Service (WHCLS) in its provision of integrated legal services and the relationship with Banyule Community Health (BCH). The project gathered a significant body of quantitative and qualitative data about the provision of integrated legal services at WHCLS. This data is detailed and analysed in Sections 4-7 under the categories of Local Community and Clients; Service Delivery, Work Practices and Staff; the Organisations; and the Systems.

In this section, drawing on the data collected and the literature discussed in section 2, five key features of an integrated legal service delivery model are listed. What facilitates and impedes each key feature is then identified in a discussion that focuses on the categories Local Community and Clients; Service Delivery, Work Practices and Staff; the Organisations; and the Systems.

8.1 Key Features of an Integrated Legal Service

Multiple, complex and interconnected problems have a significant impact on the communities and individuals who experience them. This is accentuated for disadvantaged and socially excluded communities. One approach to addressing these problems is an integrated service response that seeks to provide a range of services and supports and engage the community to achieve economic, social, health and legal benefits.

This research project was focussed on the concept of integrated legal services. To assist in identifying the key features of an integrated legal service, a range of data was collected on the longstanding WHCLS experience of collocation and partnership with BCH. Following analysis of this data, the following five key features of an integrated legal service delivery model are identified.

1. **It meets a common purpose with another organization/s or service providers**
 - addresses the complex and interconnected legal, health and social needs of the community
2. **It increases the community's access to services and support to meet complex and interconnected needs**
 - collocation
3. **It assists with identifying complex and interconnected needs and developing responses**

- Referrals and collaborative case and community work.
- 4. It shares common values and understandings with another organization/s or service providers**
 - generates trust, respect and confidence
- 5. It engages the community in problem solving and solutions**
 - prevention, early intervention and community empowerment for community to meet own needs and resolve conflicts.

8.1.1 Central role of the community and clients

The research demonstrates the community that a legal service provides services to, are not only the core reason for integrated service delivery but they also actively influence it. The manner in which the community members connect, or do not connect, with a service is an important ingredient, perhaps the essential ingredient, in the success of integrated legal service delivery. To achieve best possible outcomes for addressing multiple, complex and interconnected legal, health and social problems, community based legal organisations require an understanding of how their community interacts with services so they can adapt and develop holistic service and supports which will engage the community.

Recent research and public policy on collaborative partnerships and ‘joined up’ services recognise the need to integrate service providers across sector, organisation and professional or staff divides. Integrated service solutions to problems are often concerned with finding a solution to a recognised systemic problem. They focus on defining the complexities of the problem and finding a service solution. Many partnership theories centre on the service system itself; how sectors, organisations and professionals can better communicate, capacity build and integrate to achieve solutions to complex problems.

The complexity within the individual person and communities are often overlooked for the complexity within the problem. Individuals and communities come with a unique set of characteristics and issues that impact on engagement with service solutions. This research demonstrates recognising the needs of the local community and then working with them to address problems is essential for successful integrated solutions to complex problems.

Whether the problem is “access to justice” or “reducing the inequalities in health”, as the literature discussed in Section 2 outlines, the success of a solution is determined by:

- How the government system and the community organisation interact
- How the community organisation and staff/service delivery model interacts
- How the service delivery model/staff and government system interact; and
- How the individual or community interacts with all of these levels.

This last set of interactions, how the community or individual interacts, is the most important level of interaction for successful integrated practice. If the individual or community will not or can not engage in problem solving, there will be no solution.

8.2 What facilitates and impedes integrated legal service delivery?

As discussed in Section 2, there are many elements involved in a successful integrated service and system approach to complex, social problems. Integration needs to occur at many levels including across sectors (whole-of-government), between organizations and across service delivery (professional) approaches. Consequently, challenges to integrated legal services occur at all these levels.

Numerous factors facilitate or impede integrated legal services at WHCLS and these are listed below. Many of these factors coincide with or reinforce findings of other research discussed in section 2. For instance, Darlington et al noted five common barriers to collaborative practice: inadequate resources, the confidentiality practices of workers, gaps in agency level processes, unrealistic expectations and workers protecting professional identities and working narrowly to theoretical constructs. Darlington noted that resources need to be allocated to the task of integration at a sector and organizational level.

This research reinforces the finding that integrated service practice relies on commitment to shared goals, communication and strong leadership.¹ It involves the investment of scarce resources and energy in developing and maintaining relationships with other organisations.² Upper management involvement is critical in ensuring this occurs.³

In this section the factors which facilitate and impede an integrated *legal* service response at West Heidelberg to interconnected legal, health and welfare problems are identified in relation to each of the key features listed above. The factors which facilitate and impede integrated legal service delivery between West Heidelberg Community Legal Service and Banyule Community Health are identified at a community level, at a service delivery and staff level, at an organizational level and at a systemic level. Factors that facilitate are denoted with a tick and those that impede have an X.

8.2.1 It meets a common purpose with another organization/s or service providers

Client survey no. 3

Presenting legal problem - Car accident – property damage - involving dispute with neighbour

Client stated her housing and health and employment and family violence were linked to her legal problems Client stated that her housing difficulties and experience of family violence led to her legal problem. Client would not be in transitional housing if not for her family violence experience and if not in transitional housing property she would not have experienced her current legal difficult.

Client stated her legal problem worsened her health, employment and housing problems. This legal problem has increased her stress and anxiety. She stated this stress has meant she is unable to work or consider looking for work.

¹ Johnson, L. J., D. Zorn, et al. (2003). "Stakeholder's views of factors that impact successful interagency collaboration." 69 (2)*Exceptional Children*

² Scott, D. (2005). "Inter-organisational collaboration in family-centred practice: A framework for analysis and action." 58(2) *Australian Social Work* 132.

³ Ibid. at p 202

8.2.1.1 Community and clients

√ **The community needs assistance with legal, health and welfare problems.**

The community members who accessed both WHCLS and BCH were often experiencing a range and number of connected health, legal and welfare problems. They needed the help of both services.

√ **The needs of the community drive integrated practice.**

The nature of community problems and advice seeking behaviour requires that problems be considered holistically if an effective resolution is to be found. For example, a community member cannot resolve their health condition without their housing problem being addressed. The complexity of community needs requires that staff and organisations work holistically.

√ **Services are accessible to the community**

The community can access services and supports and there is an easy transition from one service or staff member to another. Services are friendly and welcoming and there is an open door approach.

X Services are inaccessible to the community.

The problems experienced by the community can create barriers to accessing help from various services. Problems can impact on a person's health, mobility and energy, on their income, their housing stability, their available family and social supports and their ability to physically access services. Not all services are accessible physically nor are they welcoming.

X A client or community may not be ready or want to deal with more than one problem at one time.

There can be many things going on in the lives of the community who access WHCLS and BCH supports. While the bundle of interconnected problems a person experiences may force them to seek assistance and force integrated service to happen, it may also impede integrated service delivery as community members may feel unable to deal with multiple problems. They can feel anxious, stressed or may give up as the problems seem insurmountable. Services need to be flexible and be able to respond when a community member is ready. There needs to be an open door approach to community access.

8.2.1.2 Service Delivery and Staff

√ **Services are delivered to the same community.**

Although services at WHCLS and BCH are available to those in City of Banyule, it is the local community at West Heidelberg that most often access WHCLS. These individuals have also often used a BCH program or service.

√ **Staff skilled to deliver outcomes to the community**

The community valued staff who were skilled in their profession and could provide good outcomes. Effective staff were more likely to be referred to and more likely to engage the community to make referrals to another organisation.

√ **Staff have a holistic approach to service delivery and are willing to work with other services to assist the community.**

Having a holistic understanding of a community member's situation, including knowing the supports they are linked into, is essential for the recognition that a common purpose exists with another service. A work role needs to encompass a holistic approach to service and involve assisting with problems as they presented.

√ **Staff aware of other services and what they are able to do.**

Knowing and building a relationship with staff in other organisations assists with opportunities for recognising a common purpose. Staff need to have the opportunity and a willingness to work with other services in order to know how they can help their work with the community.

X **Narrow definitions of service delivery.**

Staff who did not want to, felt unable to or feared working outside of their defined profession or work role impeded the meeting of a common purpose amongst services. Professional perspective, training and organisational support contribute to staff definitions of their professional duty.

X **Targets and time restraints and limited resources**

Pressures to meet targets, reduce waiting lists, meet organisational or systemic funding requirements prevented staff from working collaboratively as they only have time to perform their designated tasks. In community organisations where need is high and resources are low, the need to prioritise service delivery can impede the realisation of working towards a common purpose. WHCLS staff members need to address the legal needs of the community, BCH staff members need to address health needs of the community. As a result, staff are compelled to work on the need that presents at their door and within their skillset. Service delivery needs to be able to meet its own purpose within an organisation and this can overshadow work that involves a common purpose with another service, even if it provides better outcomes for the community.

8.2.1.3 Organisations

√ **Organisations are committed to providing holistic services to the local community**

The common purpose of WHCLS and BCH is well supported at a management or governance level by the two organisations. WHCLS and BCH provide services to the same community. Their commitment to providing holistic services to the community was facilitated through membership of the governance bodies, WHCLS being embedded in new BCH building, WHCLS provided intranet access to information and other organisational supports.

√ **Commitment of leadership to relationship between organizations.**

A number of key people at management and board level were involved in maintaining the WHCLS and BCH relationship and continuing the relevance of their common purpose.

√ **Organisations recognise the need to help community through quality service provision.**

Organisations make attempts to identify the needs of their local community and adjust their provision of services to meet these needs. Services are responsive to the needs of community members and adapt to changes in service delivery priorities of other organisations. As an example, WHCLS's expertise developed through contact with youth staff at BCH and then with Gambler's Help.

X **Difficulties in employing staff who can work to a "common purpose" with another organisation**

Attracting staff who are skilled in their area of expertise can be difficult for community organisations as they are unable to pay people at a similar rate to private practice. It is even harder to ensure employees are also skilled in integrated or holistic practice.

X Managing limited resources and expertise

Providing time and space to work with other organisations, to set up and monitor relationships can be difficult when resources in community organisations are limited. This was most noticeable with WHCLS as it is a small organisation with few staff resources. Some positions within the legal and health services are particularly highly skilled and provide essential expertise that is otherwise denied to disadvantaged communities. They are scarce resources that need to be used effectively. Integrated service delivery takes time. An organisation cannot afford to give every position the time to work with other organisations. This was particularly apparent for the legal service, which until recently had one part-time principal solicitor acting also as manager of the service. One person, with particular legal skills essential for the community, allowed little time for him to be involved in organisational issues around planning and directions, consolidating common purpose and joint working with BCH.

X Balancing the connection between systemic directions on common purposes and the local common purposes of organisations.

Organisations and their management need to balance systemic and funding bodies' priorities for service delivery and partnerships to address systemically recognised problems with the local need for partnerships and local understandings of problems. This relies on organisations' ability to make the connection between local and systemic needs. This requires significant resources, opportunities, insight and skills from management and staff to think outside the box presented by systemic demands and to think locally.

8.2.1.4 Systemic perspective**√ Sectors promote a holistic approach to address complex community problems.**

The primary and community health sector state their focus is the "social model of health" and a primary objective is to integrate primary health services to meet community need in a seamless way and address inequalities in health. There is also a burgeoning awareness in the legal sector of the links between legal, health and welfare problems. Community Legal Centres and both the Federal and State Attorneys General express a commitment to improving access to justice in the community.

√ Resources are made available to community organisations for developing and continuing local partnerships

The Victorian primary health care sector has provided resources to assist organisations to recognise and develop local partnerships. There is an understanding in the legal sector that community legal centres work well with other local community organisations. (However, there is limited funding of resources to support this).

√ Support by health and legal sector for integrated model.

The continued support from the government community legal sector to fund WHCLS and support its relationship with BCH and the support from the Department of Human Services (Department of Health) to make space for WHCLS in the new purpose built BCH accommodation has assisted these services.

X Limited funding for positions which seek to define, develop and maintain common purpose between local organisations.

The legal sector has provided limited funding for positions to enhance and develop the common purpose between community legal services and other community services.

X Systemic definitions of partnerships that do not include the specifics of local needs.

The health sector has provided a number of resources and guides to assist with the implementation of a 'holistic' or "consumer focussed" integrated primary health care system. These are systemically and sector defined and do not necessarily consider local needs or services outside the health care system

8.2.2 It increases the community's access to services and support to meet complex and interconnected needs

Client Survey No. 8

The day prior to the legal interview, BCH support worker came upstairs to see lawyer because client was currently with support worker and very distressed and anxious due to some legal correspondence she had received. BCH support worker knew lawyer would be responsive and so asked her to come down and briefly see client. At this stage, lawyer explained briefly the legal process to the client and her rights – and this explanation relieved some anxiety and stress. The lawyer made time for client to come and see her for a formal interview the next day and the appointment was for today. Client stated she "slept well that night".

8.2.2.1 Community and clients

√ **Collocation facilitates physical access to support and services.**

The collocation of WHCLS and BCH assists in reducing the physical barriers that can limit access to appropriate services for some community members. Collocation reduces travel costs, saves time and therefore, reduces the stress and anxiety in accessing services experienced by some community members

√ **Collocation facilitates access for those in the community who are service 'wary' or referral 'fatigued'**

Collocation assists the community to access services. Community members come with varying levels of support need. Community members' ability to access a service relies on either their persistence and ability to navigate service systems (this was easier for some than others) and the support they receive to do so. At WHCLS they are more aware of the service and do not have to travel to an unfamiliar building. For those who require significant support, staff are able to accompany a community member to the service, make an appointment for or with them and even attend that appointment if this is required.

√ **Community members are more likely to present at the organisations for assistance due to collocation**

Through the BCH, there are 'many doors' for access and these many doors create awareness of services within the community. Community members become aware of services within a building, they have experience of them and this information is passed around the community. The community is its own referring agent for local services.

X The community's lack of awareness of collocated services and their right to access these.

Access to services is impeded if the community is unaware of the service or that they are eligible to access it or how to go about accessing the service. Contact with

some services at BCH (counselling and community programs services) led to a greater chance of being connected to WHCLS than others (medical, dental or allied health services and programs).

X Referral fatigue, too many knock backs and service wariness.

Community members who face a significant number of ongoing problems often become wary of services and are “referral fatigued” by complicated and separate service systems. Collocation assists the community to access various services, but often collocation is not enough. Some people within the community will need more support to access services.

X Negative community experiences

The community is its own referring agent to collocated services. Every person who walks through the door of an organisation walks out as an advertisement, good or bad, based on their experience. This experience has a ripple effect on how the community engages with that organisation and impacts on who decides to come and who decides to come back.

8.2.2.2 Service Delivery and Staff

√ **Ability to access a variety of professional advice and knowledge quickly and easily.**

The collocation of services helps staff assist the community in accessing services. It assists in providing timely and appropriate referrals and capacity building of staff through secondary consultations and informal, in person referral approaches. As a result of collocation, staff were able to check accuracy of information, were able to have greater in-depth conversation about issues, were able to quickly find a solution or access support for community problems and were able to divert the community from a number of other problems because of this responsiveness.

√ **Ability to facilitate referrals and support community to access other services because it is timely and responsive**

The collocation of WHCLS and BCH meant staff could make a timely and responsive referral for a community member. The physical ease of access to WHCLS staff (no travel involved, access to WHCLS staff offices or by telephone) facilitated quick and personalised referrals for a community member. BCH staff could walk a community member to the legal service, make an appointment for them or attend appointment with them because it was in the same building and did not cost them too much time or resources to do so.

√ **Staff having greater opportunities (formal and informal) to know each other and identify opportunities to work together.**

The research identified the formal, informal and incidental opportunities for staff to know each other through collocation and sharing work spaces increased staff service awareness, professional knowledge and recognition of opportunities for solving community problems and so increased the community access to these services. Staff were more informed and this impacted on their services to the community.

X Staff lack of awareness of other service, what they do and how they do it.

Although collocation of WHCLS and BCH assists some staff to make referrals, access secondary consultations and work together, the research also identified some BCH and WHCLS staff did not make referrals, seek professional advice or work together. Often this was because staff did not know each other or have opportunities to work together. This can lead to no referrals, inappropriate referrals or lack of follow up on referrals which can lead to a lack of access to services.

X Lack of formalized opportunities to know each other

In this research the physical layout of the building and the nature of staff roles impacted on the informal opportunities for staff to interact and gain understanding of respective roles. Some staff had more opportunities than others to get to know each other, understand perspectives and recognise opportunities to work together. A lack of formal processes to ensure staff, especially new staff, are aware of other services impedes integrated services.

X Cold referral practice.

Some community members need to be supported through the referral process and collocation and physical access to services is not sufficient for many community members who are wary of accessing services. These individuals need to be supported through the referral process however not all staff are open to doing this and some positions allow staff to do this more than other positions.

8.2.2.3 Organisations

√ Access to a greater range of resources and skills through collocation

Organisations benefit from the resources and skills of the collocated organisations and this enhances their service delivery to the community. For WHCLS a small organisation there were significant benefits from access to organisational resources available from the much larger BCH. This included building and maintenance, IT support, advice on organisational matters like human resources and management, access to professional advice, larger personnel to support staff (more people to know, more back up in times of crisis). This enabled WHCLS's limited resources to be focussed on community needs. BCH has access to legal skills of WHCLS at an organisational and service provision, and is also able to assist the community to access legal advice and support by collocating and supporting WHCLS.

√ Greater opportunities (informal and formal) to know what is going on in other fields of practice.

The organisations can share understandings of policy directives of different sectors, local needs and identify opportunities to work together. Staff and management are more likely to talk about issues presenting and identify opportunities for co-working because of collocation and the relationship it develops. This contributes to an organisations ability to improve its services to the community

X Pressures on organization to meet funding agreements and targets of sector

Systemic and funding pressures to meet the priority areas can consume organisations access agendas and local access agendas may be ignored or not fully considered.

X Lack of formal referral and assessment structures to increase access to services for the community.

WHCLS and BCH had no formal referral or assessment processes between them which identified legal or health and welfare needs. There were no formal prompts to assist staff in both organisations to think about possible legal or health and welfare supports clients might need. This was particularly significant for staff who were unaware of the services provided by the other organisation or had limited experience of them.

8.2.2.4 Systems

√ **Recognition of the benefits of collocating services and improving access to a range of community supports to meet complex need.**

The systemic support for the relationship between WHCLS and BCH assists with community access to these supports and services.

X **Funding model allows little time for professionals to do more than delivery individualised service**

Research identified limited or restrictive funding, particularly for specialised services, created difficulties for these professions to make referrals and support the community to access other services. For example, the 'Medicare' funding to GPs allowed for limited opportunities for them to make referrals and engage with other professionals even if they are colocated. Limited funding to CLCs made it difficult for lawyers to find time to engage with other professionals and make referrals even when they are colocated.

X **Limited resources and opportunities provided by funding bodies to improve service access within local services and across sector divides.**

Community health sector has developed a number of initiatives to increase access to health based services at a local level. Many of these, as yet, have not included services which sit outside the primary health care system. Local partnerships that are created organically from local need and enhance local access to services, but sit outside of sector definitions, can be ignored because of prescribed systemic agendas. This was demonstrated in the omission of WHCLS from BCH changes to their service access. The inclusion of services to these changes was systemically prescribed and limited to health care providers.

X **Limited sector support to the development of holistic access agendas**

Legal service sector has developed limited initiatives into increased access to justice based on integrating community service systems. Limited systemic directions have meant local services are able to set a local agenda for prioritizing access. However, a of lack resources including trained staff, frameworks, research, referral systems, to assist with effective integrated service development can impede community access.

8.2.3 It assists with identifying complex and interconnected needs and developing responses

Staff interview

The client's carer came to the centre...she asked for me because she did not understand the documentation and she was confused about having to sign paperwork on her husband's behalf . I was the main contact for this family going in to see this gentleman....quite lucky that the right people were in the building on the day and I was able to access the senior solicitor here and we were able to sit down and sort out the paperwork and the client left a couple of hours later and was able to do everything she needed to get her husband placed into care.... (having the accessibility to the service) here in the centre....I was aware through my manager of the legal service for quite some time and it was actually my manager who arranged for the meeting at very short notice...I guess people were readily available and willing to help out in this situation...they knew the urgency of it...

Client Survey no. 28

Presenting legal problem: Accident/Injury – property damage (car)

Other problems experienced: Problems related to past injuries sustained in an accident, employment (finding employment), legal system, ongoing chronic illness, unsuitable housing.

Client was living in unsuitable housing requiring support or advice to find more suitable housing. Client had experienced homelessness in the past (used crisis accommodation options and sleeping rough) and has been on OoH waiting list for 8 years. He is currently living with a family member. This is not ideal, but prefers this to living in crisis accommodation and sleeping rough. He has tried to access support to get more adequate housing but states he has “given up”.

Client stated he saw his legal problem and other problems as linked because they his legal problems led to financial difficulties which made his other problems worse.

Client accessed support from solicitor and project solicitor at WHCLS to address legal issue with insurance company. Both solicitors supported client to deal directly with this legal problem himself and to call the insurance company from a WHCLS office. Project solicitor told client to call him in the future if he needs further support with this matter.

Client stated none of his other problems were discussed during his interview.

Client did not think it was relevant to discuss this problem

8.2.3.1 Community and clients

√ **Community and community members identify link between problems and are engaged with problem solving**

Community are able to identify the interconnectedness of their problems and are ready and able to follow through with referrals, engage with a number of services and work through problems.

√ **Community and community members are able to identify the relevance of a service to their problem**

Community members are able to identify solutions to problems and identify services as being able to help with that problem

√ **Clients and the community feel confident to bring up problem and ask for help**

Community members and the community usually identify a service as being able to help with complex problems when they have confidence in the service and feel the service will respond to their needs. This is linked to how connected the community are to a service and/or its staff.

X **Community members do not know who to ask for help**

Often community members do not identify their rights problems as having a legal remedy. If a community member is not made aware of a service, how it can help and whether they are eligible for access they are unlikely to use or contact a service.

X **Community members feel they do not have the right to ask for help**

Community members can often identify the link between their problems but do not feel they have the right to ask for help. They feel the service or staff member will not

be responsive, or they are being a burden on a service which is helping them with one problem, if they seek assistance or advice on other problems.

X Service system informs community members who to ask for help

Community members have very defined ideas on what a service can do and often do not have expectations of holistic service delivery. WHCLS clients did not ask WHCLS help with problems they defined as non-legal issues because they did not think it appropriate to do so. Meanwhile, many people present to GPs for help with Centrelink and housing problems because the system demands medical supporting letters for their housing or income claims.

8.2.3.2 Service delivery and worker perspective

√ **The responsiveness of staff.**

The research identified staff being responsive to assisting the community, and each other in their work with the community, was an important part of identifying problems. This responsiveness often relied on the relationship established between the community and staff. Staff who were open to informal communication, to “popping in” to other staff, being available to offer advice to someone when needed were staff most likely to work holistically to identify and solve problems. This approach assisted staff to “capture the moment” with community members, increase their knowledge and capacity to respond to various community needs, make appropriate referrals and engage in joint working.

√ **The ability of staff to identify the holistic nature of problems and how it impacts on their work.**

Staff who were able to identify other problems experienced by a community member and the impact of these problems on a community member’s presenting problem were more likely to attempt to assist with these other problems. The ability to do this was influenced by the skills and training of the worker, the focus of their work, the time they were allowed to get to know a community member and their experience. It was also influenced by a community member’s willingness to address these problems and by the organisation’s support to staff to address problems holistically.

√ **Flexible work roles which allowed staff to identify problems holistically and to assist with the resolution of these problems.**

Some services and work positions are more able to work holistically than others. This is influenced by the demand for services in the community, the systemic and organisational demands on the role of the worker, the systemic and organisational support staff receive to work holistically and the training and skills of staff.

X Lack of formal referral processes to identify needs and supports.

Facilitating referrals through formalised referral processes assists to enhance necessary knowledge about community members and ensure community members consent to referral information being sent. WHCLS and BCH had no established referral processes between the two organisations and relied on informal processes. WHCLS had no formal referral processes or practices established. While informal referral processes worked well when BCH staff facilitated referrals and spoke to staff directly, community members were also directed to WHCLS and BCH to make their own appointment or make contact without the other service knowing they had come from a BCH or WHCLS service or program. This occurred when staff did not know each other well or when staff were unable or unwilling to pop in and see someone or walk a community member through the process.

X The lack of assessment tools to identify legal or health and welfare needs. Community members need some time to establish rapport before other problems are discussed with a staff member. Community members will not necessarily ask for assistance or talk about all problems they are experiencing. Assessment tools that offer prompts to staff to check for legal, health or welfare needs could assist staff to identify other problems and supports a community member might need or already be connected to. WHCLS were not using any formalised assessment tools and BCH had a number of assessment tools but it was unclear how many of these were assessing for legal or rights needs.

X Time restraints and heavy demands on services. Service delivery demands and staff roles impacted on some staff's ability to dedicate time to identify problems, to make appropriate and facilitated referrals, and to work with another service to resolve community problems.

X Worker focus, training and perspective. Staff can have limited knowledge, desire or training to enable them to think holistically about problems and outside of their specific training. Integrated practice requires the employment of staff who are willing to work in community legal and health services, who are trained in holistic understandings of problems and their solutions.

8.2.3.3 Organisations

√ **Supports responsive and flexible work approaches.** The ability to be responsive to needs of BCH or WHCLS staff and the local community was identified as essential to increasing opportunity to identify problems and develop integrated solutions. This needs to be supported at an organisational level. The research noted in particular the value of this approach at WHCLS. WHCLS were open to secondary consultations, BCH staff dropping in for advice and adapting service to meet the needs of community who were supported by BCH programs.

√ **Provision of training and information to staff to assist them to identify problems and solutions holistically.** When staff were supported to know other services and access them, they were more likely to refer and work with them.

√ **Resources to increase and support capacity of staff and organisations to work together and identify common problems and solutions.** Organisations need resources to develop processes that assist service delivery staff to identify complex individual problems and develop integrated service solutions. They also need resources to identify community problems and develop integrated community solutions to them.

√ **Recruitment of staff members who are skilled and able to lead integrated practice.** Often collaborative working between WHCLS and BCH was not driven by systemic, policy or funding initiatives but through staff at WHCLS and BCH identifying the link between a client or community problem and seeking out a solution from a BCH or WHCLS program or service. Locally identified problems drove local solutions. This relied on staff members (managers included) who were able to make links outside of job descriptions or policy or sector demands.

X No referral policies or protocols established between organisations.

The lack of formal referral policies and protocols meant referral information about community members who are linked into other services and programs is missed. Organisations are also unable to track the extent and type of referrals between organizations and so systemic or common community problems were not being identified.

X Lack of inclusion of partner organisations in practice changes

The identification of problems and solutions involves incorporating partner organisations in changes to intake systems or service agenda. This allows for the different perspectives and skills of the partner organisation to increase the capacity of these changes to meet the needs of the community. BCH incorporated health sector changes to their intake processes. These changes aim to promote a client focused and holistic approach to health care. WHCLS has not been included, trained or to a large extent informed of these service coordination changes. The recognition organisationally of the importance of WHCLS and BCH providing a holistically service to the local community is not present here.

8.2.3.4 Systems**√ System agenda which promotes holistic approaches to problem solving and whole of government approaches.**

The legal sector and the health sector in Victoria and federally supports improving access to justice and reducing the inequalities in health. There is recognition within these policies that the most disadvantaged members of the community experience a number of problems and difficulties which impact on each other. There is also recognition of the need to develop whole of government or joined up solutions to these problems.

√ Systemic supports to assist organisations and staff to develop holistic referral and assessment processes and develop partnerships.

Community legal sector encourages the autonomy of community legal centres to identify the needs of the local community and develop solutions. Health sector have set up networks, guides and resources to assist community health organisations to work holistically in identifying clients/ consumers needs.

X Limited support for organisations to think outside sector divides to identify complex problems and develop integrated solutions.

The research identified a lack of resources to devote time to collaborative working with other sectors. This was particularly noticeable at WHCLS. There is limited funding within the community legal sector to do partnership work, develop good referral and assessment processes, generate service awareness and identify systemic community problems. Initiatives and directions dictating service sectors changes to practices (such as implementation of Service Co-ordination at BCH) are time and resource consuming for organisations. In instituting the systemic directives, local partnerships, practices and needs are sometimes missed. Resources are not always available or accessible to ensure this does not occur.

8.2.4 Shares common values and understandings

BCH Manager

“The services have worked alongside each other for a long period of time. The respect and trust has been well established”

8.2.4.1 Community and clients

√ **A service or organization provides good outcomes and meets needs**

Trust and respect is generated in the community when organisations provide effective services and good outcomes.

√ **Organisations are community friendly**

The community trust and have confidence in an organisation because it is flexible (open door policy), responsive (able to meet immediate needs) and respectful (ensures access for all abilities, friendly and welcoming, seeks input and participation from clients and community)

√ **Community feels respected by the organisations**

The community are supported to contact a service for help, or to engage in a program. The community considers the organisation as a place to come for assistance

√ **Transfer of trust between services**

The community does not always have a clear understanding of the delineation between services. If they are engaged in problem solving and have confidence in a service or staff, that trust will be transferred to another organisation or service the original staff member will refer them to. The transfer of trust between BCH and WHCLS was identified often in the research.

X Community are not able to engage with supports.

Some members of the community will not engage with services easily. They require services that can offer them time and flexibility. Staff and services need to be able to walk clients through the process at a pace and in a way that suits them and increases their understanding and confidence.

X Community have negative experiences with a service or organisation

Community members believe that services are not helpful and do not deliver the outcome/s they want. This can occur when they experience feelings of not being liked by staff, feeling unwelcome, feeling unable to cope in unfamiliar or intimidating buildings, not being understood and not knowing where to go. The delivery of unfriendly or unhelpful services can significantly affect community members and this inhibits them from using other services.

8.2.4.2 Service Delivery and staff

√ **Services provide good outcomes and meet the needs of the community.**

When services and staff work well with the community and provide good outcomes for them this facilitates referrals and collaborative working between staff. Staff trust the other service to be respectful and helpful to the community they work with.

√ **Staff know each other and are responsive to each other's needs and want to help each other**

When staff knew each other they were more likely to refer to and consult with each other. They were more likely to be responsive to a staff member dropping in to seek advice. Referrals between staff who knew each other exhibited greater communication and staff had a better understanding of community member's problems.

√ **Support of other service by leadership and organization**

When management and organisational structures respect the relationship between the organisations, see it as part of the service their organization provides to the community, assist staff to make connections with and understand other service staff, this increases capacity of staff to trust and respect and identify shared values with the other service.

X **Community problems are not addressed because staff and services are not responsive to needs of community or other staff.**

When staff assess that another service is not providing the right or adequate service to community member, they will be reluctant to refer to or work with staff at that service.

X **Staff not communicating with each other**

When staff do not follow up on a referral or know what happened with a community member, this can lead to misunderstandings about the work focus of a service or particular professional perspectives.

X **Not knowing or having a relationship with other staff and organizations.**

When staff do not know each other or do not have the opportunity to know each other, there is little understanding of possible shared goal and values amongst services or professions.

8.2.4.3 Organisations:

√ **Investment of time and resources into each organisation.**

Respect and trust between organisations is illustrated by the investment of management and staff time and organisational resources by one partner organization to the other. This was demonstrated at WHCLS and BCH through the involvement in governance bodies, WHCLS being embedded in BCH building and having access to operational resources.

√ **Inclusion of services in organisational knowledge, practices and changes.**

When colocated organisations include the other in organizational events, changes or practices, it demonstrates a level of integration between the organisations. It is indicative of the value and respect given to the other organization input. WHCLS are included in BCH staff training opportunities, planning days, all staff meetings and had access to BCH Intranet. WHCLS are considered part of BCH.

X **Lack of communication between organisations**

Generating a respect between organisations often involves those in leadership positions putting time into the partnership. Some aspects of BCH and WHCLS management put considerable time and effort into the partnership, while there appeared little time put in by others in leadership roles. This also included positions within the organisations responsible for policy or partnership or community development work.

X Competing interests

The demands of the community and service systems impact on the value placed on organisational partnerships. The need for space for other services or programs means partnerships such as WHCLS and BCH are competing with other sector and community service needs. The service demands of programs can also limit their ability to know the other organisation. The research identified medical and dental services at BCH and WHCLS had little time to get to know each other and develop recognition of the value they could bring to their program.

8.2.4.4 Systems**√ Support of ongoing relationship at a funding level.**

Funding bodies and government sectors respect the partnership through ongoing funding and resources. This is evidenced to some extent at WHCLS and BCH as they have continued to co-exist for over thirty years.

X Limited resources to develop partnership.

Partnerships between organisations take time to develop and maintain. They require resources to ensure the value of the partnership is understood and enhanced through ongoing evaluation of what it provides to the community. The research identified the BCH and WHCLS partnership relied heavily on a few people who had longevity in the organisations, were in leadership positions and shared common values of improving opportunities to the local community. There was a lack of sector support to maintain the partnership.

X The silo focus of funding bodies

Demands from funding bodies to meet targets, provide services and programs, complete measurements that are systemically prescribed limit opportunities for shared understandings and acknowledgement of shared values

8.2.5 It engages the community in problem solving and solutions***Client participant no. 20***

Client's neighbour has taken an intervention order out on client. It is not usually case that WHCLS would take on because client is a local community member and case involves another community member but client is known to WHCLS and BCH and could not get legal advice elsewhere so WHCLS squeezed him in for an appointment

Client stated he felt like 'his head was going crackers, like a migraine, thumping and hurting' when he received intervention order. Client stated his housing creates a lot of stress too.

Client is thinking of seeing a psychologist at BCH or doctor because he is feeling "paranoid".

He has also received help from BCH Emergency Relief worker in regard to transfer with Office of Housing and BCH – Medical Services in regard to health.

Client uses BCH Men's health projects and states he goes to men's shed and it "takes the stress out of me" as does "riding his bike". He states this helps him to get rid of his stress.

Client indicated he would use either counselling service or medical service at BCH in regard to his stress and the effect it is having on his health. Also stated he uses the men's shed and people there as way of reducing stress levels.

8.2.5.1 Community

√ **Community has an established and respectful relationship with staff or an organisation**

Members of the community, who were familiar with staff and the organisations, are more confident and comfortable about discussing their problems and seeking help and engaging in solutions. Clients who came to WHCLS with a developed relationship with either BCH worker or program appeared more willing to discuss and seek solutions for problems they were experiencing

√ **Community is able to identify solutions to problems.**

Community were able to identify who or where they would go for help when they were engaged in problem solving and felt they had help to go to.

X Community members distrust of services and systems

The community can be distrusting of services, their lives can be chaotic, they can be unsure of where to go. It can take considerable resources and efforts to engage community members in a variety of ways to address problems.

X Conflict and the resolution of conflicts

Conflict is very much present in the lives of members of disadvantaged communities. Conflicts exist with service systems which have significant power over the lives of members of the community. These conflicts can inhibit the community's access to adequate housing, income, health care, welfare and justice and can erode the community's confidence in community services and their willingness to engage with them to seek resolutions to problems.

8.2.5.2 Service Delivery and Staff

√ **Opportunities for staff and programs to identify common community problems, share resources and work towards solutions to common community problems.**

Staff can be overwhelmed by the volume of recurring problems within the community. Collaborative avenues to address recurring problems, assists staff in their work and provides opportunities to contribute to working on preventative strategies. While not all staff will want or are able to do this work, many benefit from feeling as though they are part of a team who want to help the community.

X Skills of staff to identify community needs and find solutions.

It takes knowledge, skill and expertise of staff to be able to identify community need, engage the community in problem solving and find solutions.

X Demands for service delivery and lack of funding for community work

The demands of individual community members and service delivery can overwhelm attempts to address problems at a community level. There is a lack of funding and resources to employ workers to do preventative work and a lack of resources for workers who were employed in direct service work to contribute to and create community solutions to common and chronic community problems.

8.2.5.3 Organisations

√ **Being able to link into the resources and skills of each others organization and their links with the community**

Assisting the community to resolve systemic problems or develop preventative approaches to problems involves considerable resources which are often not available to all community organisations. Sharing resources and identifying common areas of work and values enables organisations to solve community problems

through systemic and preventative approaches. WHCLS is able to link into BCH groups enabling it to develop links with the community that they do not have the time and resources to do otherwise. BCH is able to use the legal training and knowledge of WHCLS to assist in their community work, such as work on improving public housing for the community of West Heidelberg.

X Lack of resources to develop community prevention and education programs.

The research identified a lack of resources to devote to community work, particularly at WHCLS. At BCH, it was identified, funding had become more individual service focused.

X Lack of knowledge between organisations on their community work

The research identified the organisations did not always see the link between the other organisation and community projects. BCH is better resourced to look at prevention and community participation in solving problems. Some of these initiatives and programs have engaged WHCLS skills and expertise, but others have not.

8.2.5.4 Systems

√ Sector acknowledgement of the value of preventative work in solving community problems.

The value of addressing problems from a community and preventative approach, and not just an individual service delivery approach, needs to be established at the sector and funding level. Community legal centres have a focus on community legal education and law reform. The health sector has implemented requirements that participation and prevention are part of the work of community health services.

√ Resources provided to assist organizations to achieve this.

Staffing resources, frameworks, responsive policy and research are needed to support preventative community work to address systemic and prevalent community problems and to assist with engaging the community in this task. The health sector has developed a number of resources and some community programs are aimed at community participation in problem solving, such as Neighbourhood Renewal projects.

X Sectors not identifying or resourcing the link between complex community problems, preventative and community participation solutions.

There are limited resources available to community organisations to identify the needs of their local community and develop participatory projects to address these needs. Data systems did not give reliable data on local needs. The health sector has developed resources on partnerships, community participation and holistic approaches to health but much of this is focused on service delivery practices and not on addressing community needs. Whole of government approaches are championed by both state and federal governments. For the legal sector, there was minimal support of integrated and community participation research and projects into addressing systemic rights needs at a local level.

BIBLIOGRAPHY

- Adams, J., M. White, et al. (2006). "A systematic review of the health, social and financial impacts of welfare rights advice delivered in healthcare settings." BMC Public Health **6**(81).
- Attorney-General's Department (2008). Attorney-General's Justice Statement 2. The next chapter. Melbourne, Department of Justice.
- Attorney General's Department (2009). A Strategic Framework for Access to Justice in the Federal Civil Justice System: A guide for future action. Access to Justice Taskforce Canberra, Australian Government.
- Australian Bureau of Statistics. "ABS - Regional Profile Banyule (C) - North (Statistical Local Area) - People and population " Retrieved 21/06/10
<http://www.abs.gov.au/AUSSTATS>
- Australian Bureau of Statistics. "ABS National Regional Profile Banyule (C) - Heidelberg (statistical local area). Population and people." Retrieved 21/06/10
<http://www.abs.gov.au/ausstats>
- Australian Bureau of Statistics. (2007). "2006 Census Quick Stats: Heidelberg West." Retrieved 8 June 2010, last updated 2008, <http://www.censusdata.abs.gov.au/>
- Australian Institute of Health and Welfare (2009). Australia's Welfare 2009, AIHW.
- Australian Institute of Primary Care (2005). Evaluation of Primary Care Partnerships Strategy. LaTrobe University Victoria
- Australian Institute Primary Care (2007). Integrating co-locations on the ground - Care in your Community Integration Project. Final Report August 2007 La Trobe University, Victoria.
- Balmer, N., P. Pleasence, A.Buck and H.Walker (2005). "Worried Sick: The experience of Debt Problems and their relationship with Health, Illness and Disability." Social Policy and Society **5**(1).
- Balmer, N., T. Tam and P.Pleasence (2007). Young People and Civil Justice. London, Youth Access.
- Banyule and Nillumbik Primary Care Alliance (2006). BNPCA Primary Health Care Plan 2006-2009. Melbourne.
- Banyule and Nillumbik Primary Care Alliance (2008). Service Coordination Information Sheet, Melbourne.
- Banyule and Nillumbik Primary Care Alliance (2009). BNPCA Strategic Plan 2009-2010. Melbourne.
- Banyule Community Health (2008). 2008 Quality of Care & Annual Report. Melbourne,
- Banyule Community Health (2009). BCH Quality of Care Report 2009. Melbourne
- Biuo, C. and B. Newton (2008). "Supporting Quality Care in General Practice: The Collaboratives Approach." Australian Journal for Primary Health **14**(2): 46 -52.
- Buck, A., N. Balmer and P.Pleasence (2005). "Social Exclusion and Civil Law: Experience of Civil justice Problems among Vulnerable Groups." Social Policy and Administration **39**(3): 302-322.
- Buck, A., P. Pleasence, N.Balmer, A.O"Grady and H.Genn (2004). "Lone Parents and civil law: Their Experience of Problems and Their Advice Seeking Behaviour." Social Policy and Administration **38**(3): 253 - 268.
- Buck, A., T. Tam and C.Fisher (2007). Putting Money Advice Where the Need is: Evaluating the Potential for Advice Provision in Different Outreach Locations. London, LSRC.
- Castles, M. (2008). "Possibilities for multidisciplinary collaboration in clinical practice: Practical ethical implications for lawyers and clients " Monash University Law Review **34**(1): 116-146.
- Centre for the Advancement of Collaborative Strategies in Health Partnership Self Assessment Tool - Instructions, Centre for the Advancement of Collaborative Strategies in Health.
- Centre for the Advancement of Collaborative Strategies in Health Partnership Self Assessment Tool - Questionnaire, Centre for the Advancement of Collaborative Strategies in Health.
- Clarke, S. and S. Forell (2007). Pathways to justice: the role of non-legal services. Justice Issues. Sydney, Law and Justice Foundation of NSW.
- Conger, D. and T. Ross (2006). "An Outcome Evaluation of a Program for Children in the Child Welfare and Juvenile Justice Systems." Youth Violence and Juvenile Justice

- 4(1): 97 -115.
- Corbin, J. and A. Strauss (1990). Basics of Qualitative Research: Grounded Theory Procedures and Techniques. Newbury Park, Sage Publications.
- Coumarelos, C. and Z. Wei, Eds. (May 2009). The legal needs of people with different types of chronic illness or disability. Sydney, Law and Justice Foundation of NSW.
- Coumarelos, C., W. Zhigang and A.Zhou (2006). Justice Made to Measure: NSW legal Needs Survey in Disadvantaged Areas. Sydney, Law and Justice Foundation of NSW.
- Curran, L. (2004). "Responsive Law Reform Initiatives by Students on Clinical Placement at LaTrobe." The Flinders Journal of Law Reform 7 (1).
- Curran, L. (2007). Ensuring justice and Enhancing Human Rights: A report on improving Legal Aid Service Delivery to Reach Vulnerable and Disadvantage People. Melbourne, La Trobe University.
- Curran, L. (2007). Making the Legal System More Responsive to Community A Report on the Impact of Victorian Community Legal Centre (CLC) Law Reform Initiatives
- Curran, L. (2008). "Relieving some of the legal burdens on clients: Legal aid services working alongside psychologists and other health and social service professionals." The Australian Community Psychologist 20(1): 47-56.
- Currie, A. (2007). The legal problems of everyday life. International Legal aid Group Conference Legal Aid; A New Beginning. Antwerp, University of Strathclyde.
- Dale, D. M. (2009). Civil Legal Needs of Low and Moderate Income Households in Georgia. Atlanta, Committee on Civil Justice - Supreme Court of Georgia Equal Justice Commission.
- Darlington, Y., J. A. Feeney, and K. Rixon (2005). "Interagency Collaboration between child protection and mental health services: Practices, attitudes and barriers." Child Abuse and Neglect 29: 1085-1098.
- Day, L., S. Collard and V.Davies (2008). Money Advice Outreach Evaluation: Quality Outcomes for Clients. London, LSRC.
- Day, L., S. Collard and V.Davies (2008). Money Advice Outreach Evaluation: The Provider and Partner Perspectives. London, LSRC.
- Delaney, L. (2009). "Primary Care Partnerships: more than just one relationship." Australian Journal of Primary Health 15: 221-217.
- Department of Human Services (2001). Primary Care Partnerships: Better Access to Services - A Policy and Operational Framework. Melbourne, Victorian Government.
- Department of Human Services (2003). Integrated Health Promotion Resource Kit. Victorian Government.
- Department of Human Services (2004). Community Health Services - creating a healthier Victoria. Melbourne, Victorian Government.
- Department of Human Services (2006). Guiding Integrated Family Violence Service Reform 2006-2009. Melbourne, Government of Victoria.
- Department of Human Services (2006). Neighbourhood Renewal - Creating a Fairer Victoria - Health and Wellbeing guidelines. Melbourne, Victorian Government.
- Department of Human Services (2006). Neighbourhood Renewal. Creating a Fairer Victoria. Participation and Partnership Framework 2005-2008. Melbourne, Victorian Government
- Department of Human Services (2006). Service Coordination Tool Templates 2006 user guide. Melbourne, Victorian Government.
- Department of Human Services (2007). The Best Interests principles: a conceptual overview.. Melbourne, Victorian Government.
- Department of Human Services (2007). Dual Diagnosis: Key directions and priorities for service development.. Melbourne, Victorian Government.
- Department of Human Services (2007). Revision of the Service Coordination Tool Templates SCTT 2009.. Melbourne, Victorian Government
- Department of Human Services (2007). Victorian Service Coordination Practice Manual. Melbourne, Victorian Government
- Department of Human Services (2008). Shaping the Future: The Victorian Alcohol and Other Drug Quality Framework.. Melbourne, Victorian Government
- Department of Human Services Making it work - improving access to services to clients in community health. Melbourne, Victorian Government.
- Department of Human Services (2009). Primary Health Care in Victoria: A Discussion Paper.

- Primary Health Victorian Government. Melbourne, State of Victoria.
- Department of Planning and Community Development (2008). Working in Partnership: practical advice for running effective partnerships. Melbourne, Victorian Government.
- Dickson, J. (2000). "Clinical Legal Education in the 21st Century: Still Educating for Service?" International Journal of Clinical Legal Education **1**: 33-46.
- Federal Attorney General's Department (2008). Review of the Commonwealth Community Legal Services Program.
- Fincher R and J.Niewenhuysen (eds) (1998) Australian Poverty: then and now Melbourne University Press.
- Fisher, C., L. Hunt, R. Adamsam and W.Thurston (2007). "[]Health's a difficult beast': The interrelationships between domestic violence, women's health and the health sector: An Australian case study." Social Science & Medicine **65**(8): 1742-1750.
- Forell, S. and A. Gray (2009). Outreach legal services to people with complex needs: what works? Sydney, Law and Justice Foundation of NSW.
- Forell, S., E. McCarron and L.Schetzer (2005). No Home, No Justice The Legal Needs of Homeless People in NSW. Sydney, Law and Justice Foundation NSW.
- Genn, H. (1999). Paths to justice: what people do and think about going to law.Oxford Hart Publishing
- Greasley, P. and N. Small (2005). "Providing welfare advice in general practice: referrals, issues and outcomes." Health And Social Care in the community **13**(3): 249-258.
- Grunseit, A., R. Iriana, C.Coumarelos and Z.Wei (2008). NSW Legal Needs Survey in Disadvantaged Areas: Fairfield NSW. Sydney, Law and Justice Foundation of NSW.
- Harding, R., L. Sherr, S. Singh, A.Sherr and R.Moorhead (2002). "Evaluation of welfare rights advice in primary care: the general practice perspective." Health And Social Care in the community **10**(6): 417-422.
- Hardy, B., B. Hudson and E Waddington (2003). Assessing Strategic Partnership - The Partnership Assessment Tool. Strategic Planning Taskforce. London, Office of the Prime Minister.
- Hayes, A., M. Grey and B.Edwards (2008). Social Inclusion. Origins, Concepts and Key Themes. Canberra, Commonwealth of Australia.
- Hudson, B. (2002). "Interprofessionality in health and social care: Achilles' heel of partnership?" Journal of Interprofessional care **16**(1): 7-17.
- Hudson, B. (2005). "Information sharing and children's services reform in England: Can legislation change practice?" Journal of Interprofessional care **19**(6): 537-546.
- Huxham, C. and S. Vangen (Dec 2000). "Leadership in the shaping and implementation of collaboration Agendas: How things happen in a (not quite) joined-up world." Academy of Management Journal
- Huxham, C. and S. Vangen (2005). Managing to Collaborate: The theory and practice of collaborative advantage. Oxon, Routledge.
- Johnson, L. J., D. Zorn, B.Kai Yung Tam, M La Montagne and S.Johnson (2003). "Stakeholder's views of factors that impact successful interagency collaboration." Exceptional Children **69**(2).
- Johnson, P., G. Wistow, R.Schultz and B Hardy (2003). "Interagency and interprofessional collaboration in community care: the interdependence of structures and values." Journal of Interprofessional care **17**(1): 70 - 83.
- Karras, M., E. McCarron, A.Gray and S. Ardasinki (2006). On the Edge of Justice: the legal needs of people with a mental illness. Sydney, Law and Justice foundation, NSW.
- KPMG (2004). Analysis of the Impacts of Service Coordination on Service Capacity in the Primary Health Care Sector. Department of Human Services. Melbourne,
- Lalayants, M. and I. Epstein (2005). "Evaluating Multidisciplinary Child Abuse and Neglect Teams: A Research Agenda." Child Welfare **84**(4).
- Lasker, R. D. and E. S. Weiss (2003). "Broadening Participation in Community Problem Solving: A Multidisciplinary Model to Support Collaborative Practice and Research." Journal of Urban Health: Bulletin of the New York Academy of Medicine
- Legal Services Commission (2006). Making Legal Rights a Reality: Our Strategy for the CLS. London, Legal Services Commission.
- Legal Services Research Centre (2009). Civil Law, Social problems and Mental Health. London, Legal Services Research Centre.
- Legal Services Research Centre (2009). Criminal Offending, Social and Financial Exclusion and Civil Legal Aid. London, Legal Services Research Centre.

- MacDiarmid, M. and T. Willow (2008). "To Coerce or to Collaborate: Human rights lawyers relating with other professions." Alternative Law Journal **33**(2): 86-91.
- Malik, N. M., J. Silverman, K.Wang and C.Janczewski (2008). "Domestic Violence and Dependency Courts: the Greenbook Demonstration Experience." Journal of Interpersonal Violence **23**(7): 956-979.
- McDonald, J., G. P. Davies and M.Fort Harris (2009). "Interorganisational and interprofessional partnership approaches to achieve more coordinated and integrated primary and community health services: the Australian experience." Australian Journal for Primary Health **15**(4): 262-269.
- Moore, T. (2008). Evaluation of Victoria 's Children's Centres - Victoria. Department of Education and Early Childhood Development.
- Moorhead, R. (2007). Coping with clusters? Legal problems clusters in solicitors' and advice agencies International Legal Aid Group Conference - Legal Aid: a New Beginning?. Antwerp Belgium, Uni of Strathclyde
- Moorhead, R., M. Robinson and Matrix Research and Consultancy (2006). A trouble shared - legal problems clusters in solicitors and advice agencies. DCA Research Series 8/06. London, Department for Constitutional Affairs.
- Moorhead, R., M. Sefton and G.Douglas (2004). The Advice Needs of Lone Parents. Cardiff University
- Moorhead, R. and A. Sherr (2002). An Anatomy of Access: Evaluating Entry, Initial Advice and Signposting Using Model Clients. London, Legal Services Research Centre.
- Moorhead, R., A. Sherr and A.Paterson (2003). "What Clients Know: Client Perspectives and Legal Competence." International Journal of the Legal Profession **10**(3): 5 - 35.
- Morgan, M. (1976). Commission of Inquiry into Poverty. A Study of the Heidelberg (Victoria) Community. Canberra, Australian Government Commission of Inquiry into Poverty.
- Mulherin, G. and C. Coumarelos (2007). Access to Justice and Disadvantaged Communities in Transforming lives: law and social process. P. Pleasance, A. Buck and N. Balmer. London, The Stationery Office.
- National Association of Community Legal Centres (2008). Why Community Legal Centres are Good Value. Sydney,
- National People with Disabilities and Carer Council (2009). Shut Out. The experience of people with disabilities and their families in Australia. Canberra, Australian Government
- Neal, D. (1978). "The New Lawyer Bloke", Legal Services Bulletin **3** p148.
- Neighbourhood Justice Centre (2007). The Neighbourhood Justice Centre - Community Justice in Action in Victoria. Melbourne,
- Noone, M. A. (1997). Australian Community Legal Centres - The University Connection in Educating for Justice: Social Values and Legal Education J. Cooper and L. Trubek, Dartmouth
- Noone, M. A. (2007). "They all come in one door" The transformative potential of an integrated service model; A study of the West Heidelberg Community Legal Service in Transforming Lives: law and social process. P. Pleasance, A. Buck and N. Balmer. London, The Stationery Office.
- Noone, M. A. (2009). "Towards an integrated service response to the link between legal and health issues." Australian Journal for Primary Health **15**: 203-211.
- Noone, M. A. and S. Tomsen (2006). Lawyers in Conflict:Australian Lawyers and Legal Aid. Sydney, Federation Press.
- Norwood, J. M. and A. Paterson (2002-2003). "Problem Solving in a Multidisciplinary Environment? Must Ethics get in the way of Holistic Services? ." Clinical Law Review **337**.
- O' Grady, A., P. Pleasance, N.Balmer, A.Buck and H.Genn (2004). "Disability, social exclusion and the consequential experience of justiciable problems." Disability & Society **19**(3): 259-272.
- Paterson, A. (2001). "Multi-disciplinary partnerships - a critique." International Journal of the Legal Profession **8**(2): 161.
- Pentland, J. and P. Drosten (1996). "Financial Counselling and Problem Gambling Counselling: Exploration of a Service Model." Australian Journal of Primary Health-Interchange **54**(2): 2.
- Pleasance, P., A. Buck, N. Balmer, A.O'Grady, H.Genn and M.Smith (2004). Causes of Action: Civil Law and Social Justice. UK, Legal Services Commission.

- Pleasence, P., N. Balmer, A.Buck, A.O'Grady and H.Genn (2004). "Civil law problems and morbidity." Journal of Epidemiology Community Health **58**: 552-557.
- Pleasence, P., N. Balmer, A.Buck, A.O'Grady and H.Genn (2004). "Multiple Justiciable Problems: Common Clusters and Their Social And Demographic Indicators." Journal of Empirical Legal Studies **1**(2): 3001-329.
- Pleasence, P., N. Balmer & A.Buck (2006). Causes of Action: Civil Law and Social Justice 2nd Edition. Norwich, Legal Services Research Centre.
- Pleasence, P. and N. Balmer (2007). "Mental health and the experience of housing problems involving rights." People Place and Policy Online **2007**.
- Pleasence, P., N. Balmer and A.Buck Health Professionals as Rights Advisers: Rights Advice and Primary Healthcare Settings. Legal Services Research Centre.(undated)
- Pleasence, P., N. Balmer, T.Tam, A.Buck, M.Smith and A.Patel (2008). Civil Justice in England and Wales: Report of the 2007 English and Welsh Civil and Social Justice Survey. London, Legal Services Research Centre.
- Pleasence, P., N. Balmer, & A. Buck (2008). "The Health Cost of Civil-Law Problems: Further Evidence of Links Between Civil-Law Problems and Morbidity, and the Consequential Use of Health Services." Journal of Empirical Legal Studies **5**(2): 351-373.
- Postmus, J. L. and S. A. Hahn (2007). "The Collaboration Between Welfare and Advocacy Organizations: Learning from the experiences of Domestic Violence Survivors." Families in Society: The Journal of Contemporary Social Services **88**(3): 475-484.
- QICSA fact sheet number 10 - Integrated health services module. QICSA Office.
- Robinson, M. and D. Cottrell (2005). "Health Professionals in multi-disciplinary and multi-agency teams: Changing professional practice." Journal of Interprofessional care **19**(6): 547-560.
- Rowe, J. (2005). "Access Health; Providing primary health care to vulnerable and marginalised populations - A practice paper." Australian Journal for Primary Health **11**(2): 32-37.
- Saunders, P. (2008). "Social exclusion: challenges for research and implications for policy " Economic and Labour Relations Review **19**(1): 73-91.
- Schetzer, L. (2007). Drowning in Debt: The experiences of people who seek assistance from financial counsellors. Melbourne, Department of Justice.
- Schetzer, L. (2008). Courting Debt: The legal needs of people facing civil consumer debt problems. Melbourne, Department of Justice, Victoria
- Schetzer, L. and J. Henderson (2003). Access to Justice and Legal Needs. A project to identify legal needs, pathways and barriers for disadvantaged people in NSW. Stage 1: Public Consultations. Sydney, Law and Justice Foundation of NSW.
- Scott, D. (2005). "Inter-organisational collaboration in family-centred practice: A framework for analysis and action." Australian Social Work **58**(2): 132-141.
- Scott, S. and C. Sage (2001). Gateways to the Law: An exploratory Study of How Non-Profit Agencies Assist Clients with Legal Problems. Sydney, Law and Justice Foundation.
- Sherr, L., A. Sherr, R.Harding, R.Moorhead and S.Singh I. (2002). A Stitch in Time – Accessing and Funding Welfare Rights through Health Service Primary Care, London Department of Primary Care and Population Sciences, Institute of Advanced Legal Studies, School Medicine University of London.
- Skeat, J. (2010). Using Grounded Theory in Health Research in Research methods in health: foundations for evidence-based practice. P. Liamputtong. Melbourne, Oxford University Press.
- Smith, M. and A. Patel (2008). Money Advice outreach Evaluation: Cost And Effectiveness of the Outreach Pilots. London, Legal Services Research Centre.
- Statewide Steering Committee to Reduce Family Violence (2005). Reforming the Family Violence System in Victoria. Melbourne, ,
- Swerissen, H. (2008). "Hints for Reforming Primary and Community Care in Australia." Australian Journal for Primary Health **14**(3): 68-75.
- Tieman, J., G. Mitchell, et al. (2007). "Integration, Coordination and Multidisciplinary Care: What can these Approaches Offer to Australian Primary Health Care/." Australian Journal for Primary Health **13**(2): 56-65.
- Trubek, L. and J. Farnham (2000). "Social Justice Collaboratives: Multidisciplinary Practices for People." Clinical Law Review **7**: 227.
- Vangen, S. And C.Huxham (2006). "Achieving Collaborative Advantage: Understanding the challenge and making it happen." Strategic Direction **22**(2): 3-5.

- VicHealth Fact Sheet. Capacity Building for Health Promotion, Victorian Health Promotion Foundation.
- VicHealth The Partnership Analysis Tool. DHS. Melbourne, Victorian Health Promotion Foundation.
- VicHealth (2004). The health costs of violence: Measuring the burden of disease caused by intimate partner violence. Victorian Health Promotion Foundation.
- VicHealth (2008). Burden of disease due to health inequalities - Research Summary. Melbourne,
- VicHealth (2008). People, Places, Processes: Reducing health inequalities through balanced health promotion approaches. Melbourne, Victorian Health Promotion Foundation.
- Victorian Government (2005). A Fairer Victoria Creating Opportunity and addressing disadvantage. Department of Premier and Cabinet. Melbourne, State of Victoria.
- Victorian Government (2008). Family Violence Reform Fact Sheet. Vinson, T. (2004). Community adversity and resilience: the distribution of social disadvantage in Victoria and New South Wales and the mediating role of social cohesion, Jesuit Social Services.
- Vinson, T. (2004). Community adversity and resilience: the distribution of social disadvantage in Victoria and New South Wales and the mediating role of social cohesion, Jesuit Social Services.
- Vinson, T. (2007). Dropping off the edge: The distribution of disadvantage in Australia. Melbourne, Catholic Social Services Australia & Jesuit Social Services.
- Vinson, T. (2009). Social Inclusion: The origins, meanings, definition and economic implications of the concept social inclusion/exclusion. Department of Education. Canberra, Australian Government.
- Walker, R. (2000). Collaboration and Alliances. A review for VicHealth. Melbourne, VicHealth.
- Walker, R., J. Pietsch, L. Delaney, B. Hahn, C. Wallace and Kitty Billings (2007). "Partnership Management: Working Across Organisational Boundaries." Australian Journal for Primary Health 13(3): 9-16.
- West Heidelberg Community Legal Service (2007-2008). Annual Report. Melbourne.
- West Heidelberg Community Legal Service (2008/2009). Annual Report. Melbourne.
- World Health Organisation. (2010) Integrated Chronic Disease and Control at http://www.who.int/chp/about/integrated_cd/en/
- Wyles, P. (2007). "Success with Wraparound: A collaborative, individualised, integrated and strength-based model." Youth Studies Australia 28(4).

APPENDICES

- A.** Flyer about research
- B.** Online survey instrument
- C.** Staff Diary
- D.** Referral Log
- E.** Participation Information Sheet (Client)
- F.** Client consent form
- G.** Client questionnaire
- H.** Lawyer questionnaire
- I.** Staff Interview questions
- J.** List of Problems



A. Flyer about research

Faculty of Law and Management

School of Law

**West Heidelberg Community Legal Service and
Banyule Community Health**

Improving access to justice:

The key features of an integrated legal service delivery model

Mary Anne Noone (Associate Professor, Law School, La Trobe University) is conducting a study into integrated legal service delivery. The study examines the provision of legal services by the West Heidelberg Community Legal Service in the context of its working relationship with Banyule Community Health.

What is the research about?

Recent legal research identifies the link between the experience of health and welfare problems and legal need. Legal need is defined as a wide range of everyday rights problems that have a potential legal remedy but may not necessarily involve the formal legal system. These difficulties include problems with housing, debt, income, health and education access, employment and relationship breakdown. Australian and international research shows the link between health and legal issues is greater for people with complex problems. It also reveals that people often seek assistance with these problems from a person they trust or know – such as a family member, friend, GP, social worker or health professional. As a result of these findings, recommendations are made for legal services to develop coordinated service delivery approaches with health and welfare services. The West Heidelberg model provides a unique example to gain empirical evidence on what facilitates and impedes integrated legal service delivery.

What will the research involve?

Over the next few months, the research will be conducted at WHCLIS and BCH and will involve the following:

1. Identification of referral policies and practices of both organisations.
2. Collection of existing data on referrals and client demographics.
3. An anonymous online survey of staff on their referral practice.
4. Surveys with 50 West Heidelberg Community Legal Service clients
5. Selected Banyule Community Health staff to keep a diary for a month detailing their interactions with West Heidelberg Community Legal Service.
6. Semi-structured interviews with staff of Legal Service and Health Centre.
7. Workshop with staff reflecting on experience and exploring approaches to integrated service provision.

Further information

For further information about the research, please contact:

Mary-Anne Noone
Associate Professor
T 9479 2195
E M.Noone@latrobe.edu.au

Kate Digney
Research Assistant
T 9479 2463
E K.Digney@latrobe.edu.au

B. Online survey instrument

Improving Access to Justice: the key features of an integrated legal service...

THE RESEARCH

La Trobe University Faculty of Law and Management is conducting research into the link between the experience of legal problems and other health and welfare problems. The research aims to identify the features of an integrated legal service delivery model needed to meet multi-faceted and complex legal, health and welfare needs. The research will assist with the further development of community legal practice and is being conducted by Associate Professor Mary Anne Noone and Kate Digney (Research Assistant). It is funded by the Legal Services Board (Victoria).

WEST HEIDELBERG COMMUNITY LEGAL SERVICE AND BANYULE COMMUNITY HEALTH.

In Australia and internationally, West Heidelberg Community Legal Service is a unique model of legal service delivery. This is due to its co-location and long standing relationship with Banyule Community Health. Recent legal research has identified the link between legal or rights problems and health and social welfare difficulties. It has also identified the need for legal services to work holistically with other community agencies. The West Heidelberg Community Legal Service and Banyule Community Health model has gained interest as an example of integrated legal service practice. The current research project seeks to identify when and how West Heidelberg Community Legal Service and Banyule Community Health work together to meet client and community need.

LEGAL NEED AND REFERRAL PRACTICE SURVEY

This survey seeks to identify the legal needs of BCH clients and community members, the referral practice of programs and services within BCH and your experience of referral or interaction with the WHCLS.

The survey will take about 10-15 minutes to complete and is voluntary and anonymous.

We ask you ALL to consider completing the survey as all information is relevant - even if you have NO experience of working with the West Heidelberg Community Legal Service.

THE OUTCOMES OF THE SURVEY.

The outcomes of the research will be published in a report. They will also be used for presentation at conferences and in journal articles. The outcomes of the survey will also be made available to BCH and WHCLS. Your completion of the survey implies your consent for the data collected being published by the researcher. All information gathered will be stored at La Trobe University, in a locked and secure filing cabinet and will be destroyed after five years.

Thank you for taking the time to complete the survey. If you have any questions regarding the project please contact Mary Anne Noone on 9497 2195, m.noone@latrobe.edu.au or Kate Digney on 9479 2463, K.Digney@latrobe.edu.au.

* 1. How long have you been working at Banyule Community Health, West Heidelberg Community Legal Service or other co-located service?

- 0-6 months 1-2 years 5-10 years
- 6-12 months 2-5 years 10+ years

*** 2. What program(s) or service(s) do you deliver?**

- | | | |
|---|--|---|
| <input type="checkbox"/> BCH - Carer Support Network | <input type="checkbox"/> BCH - Health Promotion | <input type="checkbox"/> BCH - Reception |
| <input type="checkbox"/> BCH - Community Health Nurse | <input type="checkbox"/> BCH - Management | <input type="checkbox"/> BCH - Service Access |
| <input type="checkbox"/> BCH - Community Midwifery Service | <input type="checkbox"/> BCH - Medical Services (GP) | <input type="checkbox"/> BCH - Small Men's Planned Activity Group |
| <input type="checkbox"/> BCH - Dental Services | <input type="checkbox"/> BCH - Medical Services (Nursing) | <input type="checkbox"/> BCH - Speech Pathology |
| <input type="checkbox"/> BCH - Dietetics | <input type="checkbox"/> BCH - Needle Syringe Program | <input type="checkbox"/> BCH - Other |
| <input type="checkbox"/> BCH - Disability Care Coordinators | <input type="checkbox"/> BCH - Neighbourhood Renewal | <input type="checkbox"/> WHQLS - Reception |
| <input type="checkbox"/> BCH - Emergency Relief | <input type="checkbox"/> BCH - NEODAS (Drug and Alcohol) | <input type="checkbox"/> WHQLS - Director |
| <input type="checkbox"/> BCH - FARREP | <input type="checkbox"/> BCH - Occupational Therapy | <input type="checkbox"/> WHQLS - Lawyer |
| <input type="checkbox"/> BCH - Financial Counselling | <input type="checkbox"/> BCH - Paediatric Occupational Therapy | <input type="checkbox"/> OAE |
| <input type="checkbox"/> BCH - Gambler's Help | <input type="checkbox"/> BCH - Pharmacotherapy | <input type="checkbox"/> CPS - Early Years Parenting Centre |
| <input type="checkbox"/> BCH - General Counselling | <input type="checkbox"/> BCH - Physiotherapy | <input type="checkbox"/> Neighbourhood Renewal |
| <input type="checkbox"/> BCH - HARP Program | <input type="checkbox"/> BCH - Podiatry | <input type="checkbox"/> North East Housing |

*** 3. In your role, how much contact do you have with clients or community members?**

- Never
 Once or twice a year
 At least once every three months
 At least once per month
 At least once per week
 Daily

4. How often do the clients or community members you see require assistance with the following issues?

| | Never | Once or twice a Year | At least once every three months | At least once per month | At least once per week |
|---|-----------------------|-----------------------|----------------------------------|-------------------------|------------------------|
| Accident/Injury compensation difficulties | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Business problems - debtor or accessing payments difficulties | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Consumer problems - problems with goods and services paid for, superannuation, insurance, financial institutions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Credit/Debt problems - including debts raised by gambling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Education problems involving exclusion from education, access to special needs education | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Employment problems involving unfair dismissal, harassment, employment conditions, accessing pay entitlements | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Government Benefits (Centrelink) problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Government services problems for elderly or disabled | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Taxation debt disputes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Freedom of Information request problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Immigration problem for self or family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Seeking Asylum problem | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Immigration Detention problem | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problem with the legal system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problem with local government - planning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problem with Government fines (non-traffic) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problem with Health system re. disability facilities or services, treatment/care on leaving hospital | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clinical negligence - medical or dental | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tenancy problems - eviction, rent increases, unsafe housing including Office of Housing, caravan parks, boarding houses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Home ownership problems - mortgage payments, loss of housing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Neighbour disputes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Human Rights - discrimination | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Wills/estate problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Criminal charges | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problem with bail | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problems with police - unfair treatment, failure to investigate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problems while in prison or juvenile justice with safety or treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Victim of Crime | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family Violence - victim of family violence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family Violence - Accusation made against client | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Traffic offences | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family law issues - Including child protection | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Use this space to tell us of any legal problems not listed or that you feel require special comment

* 5. How often do you make referrals or provide referral information for clients/community members?

- Never
- Once or twice a year
- At least once every three months
- At least once per month
- At least once per week

Empty response area for question 5.

6. How often would you refer clients/community members to the following programs/services? "Refer" includes providing clients/community members with general information about a service or program to make own referral.

| | Never | Once or twice a year | At least once every 3 months | At least once per month | At least once per week |
|--|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| West Heidelberg Community Legal Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Olympic Adult Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CPS - supported playgroup | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| North East Housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health Services - Co-located | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DCAS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BCH - Allied health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BCH - Community nursing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BCH - Community program (eg. neighbourhood renewal, men's health, FARRP, Disability care coordinators) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BCH - Counselling - General and Drug and Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BCH - Gambler's Help | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BCH - Health for Life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BCH - HAIRP program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BCH - Medical Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BCH - Carer Support Network | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BCH - Dental Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BCH - Emergency Relief/Community Support worker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BCH - Financial Counselling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| External community health service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*** 9. Have you ever made a referral or attempted to make a referral to West Heidelberg Community Legal Service?**

- Yes
- No - go to question 15
- Not applicable - I am a WHCLS employee

10. What are the reason(s) you refer clients to West Heidelberg Community Legal Service?

11. Think of a recent referral you made to West Heidelberg Community Legal Service. Did this client make contact with WHCLS?

- Yes
- No
- Do not know

12. Did the client receive a service from WHCLS?

- Yes
- No - go to question 14
- Do not know - go to question 15

13. What was the time between referral and access to service?

Once you have finished this question go to Question 15

- Within 1 week
- Within 2 weeks
- Within 3 weeks
- Longer than 3 weeks

14. Why didn't your client access a service from WHCLS?

- Client did not attend
- Client accessed service elsewhere
- Client no longer needed service
- WHCLS was unable to assist client with this matter
- Client was referred on to another service
- Do not know
- Other (please specify)

15. Do you feel you have sufficient knowledge of WHCLS to make appropriate referrals?

- Yes
 No

16. What further information about West Heidelberg Community Legal Service would assist you?

- Type of service delivered
 Eligibility for access to service
 Waiting Times for service

Please specify any other areas of service provision or legal assistance that you think requires further development

17. Other than for a specific client or community legal problem, do you have (or have you had) any contact with West Heidelberg Community Legal Service? This could include contact for IT or HR support, organisational issues, board of management involvement, discussion on policy/program issues or initiatives.

- Never
 Once or twice a year
 At least once every three months
 At least once a month
 At least once a week

Please specify reason(s) for contact:

Cover Sheet

Participant No: _____

Month/Year: _____

For all interactions you have with a staff member at WEST HEIDELBERG COMMUNITY LEGAL SERVICE over the next month we would like you to record the details listed in the diary.

Please record all work related interactions - formal or organised meetings, phone calls, discussions in the corridors or tearoom, quick discussions or 'catch ups' etc.

Thank you for your time and input.

Diary No.....

Interaction No.....

Interaction details:

1. Date of interaction:

2. The service/program(s) the staff member(s) belongs to or the staff members' role at WEST HEIDELBERG COMMUNITY LEGAL SERVICE.
 - a. Director
 - b. Principal Solicitor
 - c. Clinical Education Solicitor
 - d. Reception

3. Where or how the interaction took place

Please circle answer
Please provide additional information relevant to how or where the interaction took place. Eg. BCH team meeting for community programs - WHCLS invited to attend. Use reverse side of paper if necessary

 - a. BCH Staff meeting
 - b. WEST HEIDELBERG COMMUNITY LEGAL SERVICE Staff meeting
 - c. organised meeting at WEST HEIDELBERG COMMUNITY LEGAL SERVICE regarding issue or client
 - d. organised meeting at BCH regarding issue or client
 - e. organised meeting at another organisation regarding issue or client
 - f. informal catch up to discuss a client or issue in worker's office
 - g. discussion in passing in corridor or lunch room etc.
 - h. telephone conversation

Diary No.....

Interaction No.....

- i. email
- j. Other - detail briefly as above.

4. Why did the interaction take place?

Please Circle Answer

Please provide additional information if relevant to why interaction took place - use reverse side of paper if further space needed.

Please do not provide information specific to individual client matters.

- a. to discuss needs of a client - please note whether it is a shared client, referral for a new client to one of the services or secondary consultation or other
- b. to discuss community problem/issue - please note whether it is a law reform project, advocacy project, community legal/health education project or other
- c. to discuss inter-professional issue or gain advice - please note whether interaction was for professional advice, query on professional practice or other
- d. to discuss program/service issue - please note whether interaction was about service awareness, sharing office space or other
- e. to discuss organisational issue - please note what interaction was about eg. insurance, building matters, IT etc.)

f. other

Diary No.....

Interaction No.....

5. What was the outcome of this interaction?

Please circle answer

Provide additional information if relevant to the outcome of the interaction - use reverse side of paper if further space is needed.

Please do not provide information specific to individual client matters.

- a) Referral made to BCH or WEST HEIDELBERG COMMUNITY LEGAL SERVICE for client
- b) Information/resources provided to assist worker in their work with client
- c) Organised to have further discussion on client's needs
- d) Information shared (please note whether information related to program(s), professional advice, organisation)
- e) Organisational or program issue resolved
- f) Further strategies organised or planned to address community problem issue
- g) Further strategies organised or planned to address organisational issue
- h) Issue unresolved
- i) Other

Diary No.....

Interaction No.....

All information will be recorded in written notes and on computer data by the research assistant. You have the right to read or have read to you any of your recorded personal data. You have the right to change any of this personal data that you feel is not correct or ask that any personal data not be recorded. You may, at any time (up to five years following the research) ask to view any personal data collected about you during the research.

Up to four weeks following the survey, you may ask the researcher not to use any of your personal information in the research. Please notify the researcher or research assistant in person, by e-mail or telephone that you wish to withdraw your consent for your data to be used in this research project. Your survey will be identifiable only by your interview number which will be written on your copy of this information sheet.

All information gathered during the research will be safely stored at La Trobe University in a locked and secure filing cabinet and will be destroyed after five years.

If you are of Aboriginal or Torres Strait Islander descent, please consider carefully if participation in this survey is culturally appropriate. If you have any concerns in this regard please discuss them with the research assistant. If they are not answered to your satisfaction, consider this carefully before providing your consent to participate. This also applies, for any cultural, religious or ethical concerns anyone may have regarding participation in the research.

If you have any questions regarding this project please contact **Mary Anne Noone on (03) 9479 2195**, m.noone@latrobe.edu.au or **Kate Digney on (03)9479 2463**, k.digney@latrobe.edu.au

If you have any complaints or queries that the researcher has not been able to answer to your satisfaction, you may contact the Secretary, La Trobe University Human Ethics Committee, La Trobe University Victoria 3086
humanethics@latrobe.edu.au, phone: 03 9479 1443

Participant Information Sheet
WEST HEIDELBERG COMMUNITY LEGAL SERVICE CLIENT
Questionnaire

This research project is being conducted by **Mary Anne Noone**, Associate Professor, (9479 2195) School of Law, La Trobe University 3086 and **Kate Digney** (9479 2463) research assistant.

The research is exploring the links between people's legal problems and other health and social difficulties. The research aims to provide evidence on how and when the West Heidelberg Community Legal Service and Banyule Community Health work together to assist clients and the community with their legal and other needs. This research is conducted by La Trobe University and is funded by the Legal Services Board (Victoria) and will assist in the further development of community legal service practice.

As part of the research project we are conducting questionnaires with WEST HEIDELBERG COMMUNITY LEGAL SERVICE clients. In this questionnaire you will be asked how you know about WEST HEIDELBERG COMMUNITY LEGAL SERVICE, the type of legal problem you are experiencing, other difficulties you may be experiencing and the help you receive for these problems. We are recording this information to identify the type and number of issues that people need assistance with, what services are used and what and how referrals are made between staff in the two organisations.

We will note some details about your age, gender and your main source of income. Your name will not be recorded with this information and we will not require detailed information of your legal problem.

We will also be conducting a survey with your lawyer. We will ask your lawyer the same questions we are asking you – how you knew about WEST HEIDELBERG COMMUNITY LEGAL SERVICE, the type of legal problem you are experiencing, other difficulties you may be facing and the help you receive for these problems.

At the end of the survey we will ask if you are willing to be contacted for a follow up survey in a few weeks time. If you are, your first name and contact number will be recorded with your interview number on a separate piece of paper to your survey results. This piece of paper will be stored separately to your survey results.

Our findings on the integrated working practices of West Heidelberg Community Legal Service and Banyule Community Health will be written up in a report. We may also present the results of the research at conferences and in journal articles. The report may be used by the two agencies to inform their work practices. You may request a copy of the written report from us. Written reports will also be available at the West Heidelberg Community Legal Service and Banyule Community Health.

Participation in this research is voluntary. The research is being conducted by La Trobe University and is in no way a condition of your access to a service at either the West Heidelberg Community Legal Service or the Banyule Community Health.

**WEST HEIDELBERG COMMUNITY LEGAL SERVICE CLIENT
CONSENT FORM**

F. Client consent form

1. I have read, or have had read to me, the participation information sheet.

Yes No

2. I agree that any questions I have asked have been answered to my satisfaction.

Yes No

3. I agree that my answers to the following questions will be included in the research

a. The type of legal problem I am experiencing Yes No

b. Other problems I am experiencing Yes No

c. The help I received at WEST HEIDELBERG COMMUNITY LEGAL

SERVICE today Yes No

d. The support services I am linked into or referred to

Yes No

4. I agree to my lawyer participating in a similar survey asking the same questions on my legal problems, other problems and the help I receive

Yes No

5. It has been explained to me the manner in which this information will be documented.

Yes No

6. I understand that I may physically withdraw from the study at any time.

Yes No

7. I understand that, up to four weeks following the completion of my participation in the research, I may request that datum arising from my participation not be used.

Yes No

Questionnaire No.

8. I understand and agree that my name will not be recorded on any documents or used in a published report, presented at conferences and published in journals.

Yes No

9. I understand and agree that data provided by me or with my permission during the project may be used in a published report, presented at conferences and published in journals. This may include such details being published or presented as a case study or example.

Yes No

Name of Participant (block letters):

Date:

Name of Researcher (block letters):

Date:

I agree that the participant has read and understood the participation and information sheet and consent form and agree that he/she is able to give informed consent to participate in the research.

Questionnaire No.

DATE OF INTERVIEW WITH WEST HEIDELBERG COMMUNITY

LEGAL SERVICE / /

TIME OF INTERVIEW WITH WEST HEIDELBERG COMMUNITY

LEGAL SERVICE

INTERVIEW WITH: (CIRCLE)

PRINCIPAL SOLICITOR

SOLICITOR

STUDENT LEGAL ADVISER

QUESTIONNAIRE NO.

THIS SHEET WILL BE USED TO MATCH CLIENT QUESTIONNAIRE WITH LEGAL ADVISOR QUESTIONNAIRE AND FOLLOW UP QUESTIONNAIRE WITH CLIENT. IT WILL BE KEPT AND STORED IN SEPARATE FILING CABINET TO THE DATA COLLECTED IN CLIENT AND LEGAL ADVISOR QUESTIONNAIRES AND FOLLOW UP QUESTIONNAIRES.

Introduction

Hi, thanks for agreeing to talk to me today.

I'm and I am employed by La Trobe University, School of Law as a research assistant. We are conducting research into the links between people's legal problems and other health and social problems they may experience. The research is being conducted at West Heidelberg Community Legal Service because it is located within Banyule Community Health. We want to find out how and when these organisations work together to assist people and the community.

The results of this questionnaire are confidential.

Firstly, I would like to go through with you some information about the research, what information we will be collecting and what the interview is about. Please let me know if you have any questions.

Go to participant information sheet.

Now I would like to read through the consent form with you. On this form is listed the things that I need to do to ensure you are fully aware of what is expected of you in the interview and what we will do with the information you give us. I will ask you to tick the box Yes or No to those sentences you consent to and I will ask you to sign the form at the bottom.

Go to participant consent form. This must be signed by both the interviewer and participant before continuing.

COMPLETE INFORMATION FOR FRONT PAGE.

3. Do you have any other involvement with Banyule Community Health? Or have they had involvement in the past with Banyule Community Health?

- a. Yes
- b. No

4. If yes, which service(s) / program(s)?

- a. Carer support Network
- b. Community Health Nurse/Midwifery Service
- c. Dental Services
- d. Dietetics
- e. Emergency Relief
- f. Family and Reproductive Rights Program (Farrep)
- g. Financial counselling
- h. Gambler's Help
- i. General counselling
- j. HARP program
- k. Health for Life
- l. Medical Service
- m. Needle Syringe Program
- n. NEODAS (Drug and Alcohol)
- o. Occupational Therapy
- p. Paediatric Occupational Therapy
- q. Pharmacotherapy
- r. Physiotherapy

Questionnaire No.

1. We would like to document some general demographic information:

- a. Gender:
- i. Female
 - ii. Male
- b. Age:
- i. 18-24
 - ii. 25-34
 - iii. 35-44
 - iv. 45-54
 - v. 55-64
 - vi. 65 +

c. Main source of income:

- i. Wage
- ii. Centrelink Benefit
- Type.....
- iii. Retirement Funds
- iv. No Income
- v. Other

2. How do you know about WEST HEIDELBERG COMMUNITY LEGAL SERVICE?

- a. Previous client of WEST HEIDELBERG COMMUNITY LEGAL SERVICE
- b. Friend or family member
- c. Worker at another organisation told you about it (check if it is BCH)
- d. Worker at another organisation made a referral/assisted you to make an appointment on your behalf (check if it is BCH)
- e. Saw information or sign for WEST HEIDELBERG COMMUNITY LEGAL SERVICE while attending an appointment or group at BCH
- f. Through a pamphlet or website (check if it is BCH website)
- g. Other
- h. Do not know

Questionnaire No.



s. Podiatry

r. Small Men's Planned Activity Group

u. Speech Therapy

v. Olympic Adult Education (co located service)

w. CPS - Early Years Parenting Centre (co located service)

x. Neighbourhood Renewal (joint program BCH, NMIT and OOH)

y. North East Housing (co located service)

z. Other - past program etc.

5. Legal Assistance

I will now go through a list of options. Please tell me which of these options matches what happened in your interview today.

a. You received legal advice and you do not need any further help

b. Your lawyer will work on your matter and contact you

c. You need to come back for another appointment

d. Lawyer from WEST HEIDELBERG COMMUNITY LEGAL SERVICE will be representing you in court.

e. You have been referred to another legal service

f. Your lawyer could not assist you with your matter

g. Other (provide details)



6. Legal Problem Category(s)

I will now read through with you a list of legal problem categories. (See Problem table). Which category(s) on this list best matches the legal problem(s) you sought assistance for today?

Document corresponding category code only.

7. Legal Problem(s) subcategory(s)

Now I will read through the subcategories under this problem. (See problem table). Which category(s) on this list best matches the legal problem(s) you sought assistance for today?

Document corresponding subcategory code only.

8. Other problems

I am going to go through the problem categories again but this time I would like to know if you have or have recently had any other problems that have been difficult to resolve? These may be legal problems but do not need to be. We would like to know about any other difficulties you are facing.
Do you, or have you recently, experienced problems or difficulties with (read category eg. An accident or injury?)

Read through all problem categories on problem grid and document relevant category code(s) and sub-category code(s).

Sub-categories may be used as prompts for example, "Are you, or have you recently experienced problems or difficulties with debt - such as having difficulty paying a bill?"

If subcategory code does not match problem, problem will be recorded in a brief description similar to how subcategories are noted.

If interviewee states they have no other problems go to question 12

9. Assistance with other problems identified

For those problems identified by interviewee:

Do you (or did you) receive support for the difficulties you have had with (problems)? Go through each problem identified by the client.

a. Yes

b. No

b. If no, why not?

- a. Can manage problem on your own.
- b. Did not know of any supports available or how to access them
- c. Did not think you would be eligible for support
- d. You have made referral to or are on waiting list for support
- e. Has tried but was unsuccessful in gaining support
- f. Hasn't tried to access support as yet
- g. Does not want to access support
- h. Does not know
- i. Other

10. Do you think (other problem) is linked to your legal problem? Go through each problem mentioned.

- a. Yes
- b. No

a. Yes - If yes, in what way?

- a. Legal problem led to (other problem)
- b. (other problem) led to legal problem
- c. legal problem worsened (other problem)
- d. (other problem) worsened legal problem
- e. legal problem made you address (other problem)
- f. (other problem) made you address legal problem
- g. Other?

a. If yes, from where?

- a. BCH - Carer support Network
- b. BCH - Community Health Nurse/Midwifery Service
- c. BCH - Dental Services
- d. BCH - Dietetics
- e. BCH - Emergency Relief
- f. BCH - Family and Reproductive Rights Program (Farap)
- g. BCH - Financial counselling
- h. BCH - Gambler's Help
- i. BCH - General counselling
- j. BCH - HARP program
- k. BCH - Health for Life
- l. BCH - Medical Service
- m. BCH - Needle Syringe Program
- n. BCH - NEODAS (Drug and Alcohol)
- o. BCH - Occupational Therapy
- p. BCH - Paediatric Occupational Therapy
- q. BCH - Pharmacotherapy
- r. BCH - Physiotherapy
- s. BCH - Podiatry
- t. BCH - Small Men's Planned Activity Group
- u. BCH - Speech Therapy
- v. Olympic Adult Education (co located service)
- w. CPS - Early Years Parenting Centre (co located service)
- x. Neighbourhood Renewal (Joint program BCH, NMIT and OoH)
- y. North East Housing (co located service)
- z. Other Community Health Service
- aa. Other Community Legal Service
- bb. Other Community program/service or specialist health service
- cc. Other

c. You asked for assistance with this problem

d. Lawyer raised this problem with you

e. Problem just came up in conversation

f. Other

d. Is anything going to happen?

a. Lawyer will contact your support worker to discuss support in relation to legal matter

b. Lawyer will make a referral to supports on your behalf

c. Lawyer gave you information regarding possible supports.

d. No strategies were suggested

e. No strategies were agreed to

f. Other

12. Overall, what do you think about the service you received from WEST HEIDELBERG COMMUNITY LEGAL SERVICE today?

a. Very helpful

b. Helpful

c. Somewhat helpful

d. Not helpful

Thank you for your time and for participating in the research today.

We would like to do follow up interviews in one month's time to update on how things are going and the service you have received. Would it be possible to contact you in a month to see if you are able to do this?

If yes, collect first name and telephone number on separate sheet of paper with interview number.

Questionnaire No.

11. Did you discuss (other problem) with your lawyer today? Go through each problem mentioned.

a. Yes

b. No

a. If no, why not?

a. You are already linked to support for this problem(s)

b. You feel able to manage this problem(s)

c. You did not think it was relevant

d. You did not think it was appropriate

e. You did not want to discuss it with legal adviser

f. Other

b. Do you plan to do anything about (other problem)?

a. No plan as yet

b. You feel able to manage this problem(s)

c. You feel able to manage this problem(s) but will seek further supports if necessary

d. You have accessed support for this problem(s)

e. You will talk to WEST HEIDELBERG COMMUNITY LEGAL SERVICE if needs further help

f. You will talk to BCH if need further help

g. Other

c. If yes, who raised the problem and why?

a. You mentioned the problem because you thought it relevant to your legal problem

b. Lawyer asked about any other issues that might be relevant to your legal problem

Questionnaire No.

DATE OF INTERVIEW WITH WEST HEIDELBERG COMMUNITY

LEGAL SERVICE / /

TIME OF INTERVIEW WITH WEST HEIDELBERG COMMUNITY

LEGAL SERVICE

INTERVIEW WITH: (CIRCLE)

PRINCIPAL SOLICITOR SOLICITOR

CLINICAL EDUCATION UNIT

Questionnaire No.....

THIS SHEET WILL BE USED TO MATCH CLIENT QUESTIONNAIRE WITH LAWYER QUESTIONNAIRE AND FOLLOW UP QUESTIONNAIRE WITH CLIENT. IT WILL BE KEPT AND STORED IN SEPARATE FILING CABINET TO THE DATA COLLECTED IN CLIENT AND LAWYER QUESTIONNAIRES AND FOLLOW UP QUESTIONNAIRES.

Introduction

Hi, thanks for agreeing to talk to me today.

I'm and I am employed by La Trobe University, School of Law as a research assistance. We are conducting research into the links between people's legal problems and other health and social problems they may experience. We are conducting the research at West Heidelberg Community Legal Service because it is located within the Banyule Community Health Service. We want to find out how and when these services work together to assist people and the community with their needs.

The results of this questionnaire are confidential.

Firstly, I would like to go through with you some information about the research, what information we will be collecting and what the interview is about. Please let me know if you have any questions.

Go to participant information sheet.

Now I would like to go through the consent form with you. On this form it is listed the things that I need to do to ensure you are fully aware of what is expected of you in the interview and also fully aware of what we will do with the information you give us. I will ask you to tick the box Yes or No to those sentences you consent to and I will ask you to sign the form at the bottom.

Go to participant consent form. This must be signed by both the interviewer and participant before continuing.

COMPLETE INFORMATION FOR FRONT PAGE.

H. Lawyer questionnaire

1. Demographic Data

2. How did the client know about WEST HEIDELBERG COMMUNITY LEGAL SERVICE?

- a. Previous client of WEST HEIDELBERG COMMUNITY LEGAL SERVICE
- b. Friend or family member
- c. Worker at another organisation told you about it (check if it is BCH)
- d. Worker at another organisation made a referral/assisted you to make an appointment on your behalf (check if it is BCH)
- e. Saw information or sign for WEST HEIDELBERG COMMUNITY LEGAL SERVICE while attending an appointment or group at BCH
- f. Through a pamphlet or website (check if it is BCH website)
- g. Other
- h. Do not know

3. Does the client have any other involvement with Banyule Community Health? Or have they had involvement in the past with Banyule Community Health?

- a. Yes
- b. No

4. If yes, which service(s)/ program(s)?

- a. Carer support Network
- b. Community Health Nurse/Midwifery Service
- c. Dental Services
- d. Dietetics

- e. Emergency Relief
- f. Family and Reproductive Rights Program (Farrep)
- g. Financial counselling
- h. Gambler's Help
- i. General counselling
- j. HARP program
- k. Health for Life
- l. Medical Service
- m. Needle Syringe Program
- n. NEODAS (Drug and Alcohol)
- o. Occupational Therapy
- p. Paediatric Occupational Therapy
- q. Pharmacotherapy
- r. Physiotherapy
- s. Podiatry
- t. Somali Men's Planned Activity Group
- u. Speech Therapy
- v. Olympic Adult Education (co located service)
- w. CPS – Early Years Parenting Centre (co located service)
- x. Neighbourhood Renewal (joint program BCH, NMIT and OoH)
- y. North East Housing (co located service)
- z. Other – past program etc.

5. Legal Assistance

I will now go through a list of options. Please tell me which of these options matches what happened today in regard to this legal matter.

- a. You gave legal advice and client does not need any further help
- b. Your will work on matter and contact client about it..
- c. Client needs to come back for another appointment
- d. You or another lawyer at WEST HEIDELBERG COMMUNITY LEGAL SERVICE will be representing client in court.
- e. Client has been referred to another legal service
- f. You could not assist client with his or her matter.
- g. Other (provide details)

6. Legal Problem Category(s)

I will now read through with you a list of legal problem categories. (See Problem table). Which category(s) on this list best matches the legal problem(s) the client sought assistance with today?

Document corresponding category code only

7. Legal Problem Subcategory(s)

Now I will read through the subcategories under this problem. (See problem table). Which category(s) on this list best matches the legal problem(s) the client sought assistance with today?

Document corresponding subcategory code only.

8. Other Problems

I am going to go through the problem categories again but this time I would like to know if the client has or has recently had any other problems that have been difficult to resolve? These may be legal problems but do not need to be. We would like to know about any other difficulties the client is facing.

Does the client, or have they recently, experienced problems or difficulties with (read category eg. An accident or injury)?

Read through all problem categories on problem grid and document relevant category code(s) and sub-category code(s).

Sub-categories may be used as prompts For example, "Are you, or have you recently experienced problems or difficulties with debt – such as having difficulty paying a bill?"

If subcategory code does not match problem, problem will be recorded in a brief description similar to how subcategories are noted.

If interviewee states they have no other problems go to question 11

9. Assistance with other problems identified

For those problems identified by interviewee:

Does the client (or did the client) receive support for the difficulties they have with (problem/s)? Go through each problem identified by interviewee

- a. Yes
- b. No

a. If yes, from where?

- a. BCH - Carer support Network
- b. BCH - Community Health Nurse/Midwifery Service
- c. BCH - Dental Services
- d. BCH - Dietetics
- e. BCH - Emergency Relief
- f. BCH - Family and Reproductive Rights Program (Farrep)
- g. BCH - Financial counselling
- h. BCH - Gambler's Help

Improving Access to Justice: the key features of an integrated legal service delivery model.

- i. BCH - General counselling
- j. BCH - HARP program
- k. BCH - Health for Life
- l. BCH - Medical Service
- m. BCH - Needle Syringe Program
- n. BCH - NEODAS (Drug and Alcohol)
- o. BCH - Occupational Therapy
- p. BCH - Paediatric Occupational Therapy
- q. BCH - Pharmacotherapy
- r. BCH - Physiotherapy
- s. BCH - Podiatry
- t. BCH - Somali Men's Planned Activity Group
- u. BCH - Speech Therapy
- v. Olympic Adult Education (co located service)
- w. CPS - Early Years Parenting Centre (co located service)
- x. Neighbourhood Renewal (joint program BCH, NMIT and OoH)
- y. North East Housing (co located service)
- z. Other Community Health Service
- aa. Other Community Legal Service
- bb. Other Community program/service or specialist health service
- cc. Other

b. No - If no, why not?

- a. Client can manage problem on their own
- b. Client did not know of any supports available or how to access them
- c. Client did not think you would be eligible for support
- d. Client has made referral/s on waiting list for appropriate service
- e. Client has tried but was unsuccessful in gaining support

Improving Access to Justice: the key features of an integrated legal service delivery model.

- f. Client hasn't tried to access support as yet
- g. Client does not want to access support
- h. Client does not know
- i. Interviewee does not know
- j. Other

10. Do you think (other problem) is linked to client's legal problem? Go through each problem mentioned.

- a. Yes
- b. No

a. Yes - If yes, in what way?

- a. Legal problem led to (other problem)
- b. (other problem) led to legal problem
- c. legal problem worsened (other problem)
- d. (other problem) worsened legal problem
- e. legal problem made you address (other problem)
- f. (other problem) made you address legal problem
- g. Other

11. Did you discuss (other problem) with client today?

- a. Yes
- b. No

a. No - If no, why not?

- a. Client is already linked to support for this problem(s)
- b. You feel client is able to manage this problem(s)
- c. You did not think it was relevant
- d. You did not think it was appropriate to discuss it today but will raise issue at another time
- e. Client did not want to discuss it today
- f. Other

b. Does the client plan to do anything about (other problem)?

- a. Do not know
- b. No plan as yet
- c. Client feels able to manage this problem(s)
- d. Client feels able to manage this problem(s) but will seek further supports if necessary
- e. Client has accessed support for this problem(s)
- f. Client will talk to you or someone at WEST HEIDELBERG COMMUNITY LEGAL SERVICE if they need further help
- g. Client will talk to BCH worker or service if needs further help
- h. Other

c. Yes - If Yes, who raised the problem and why?

- a. Client mentioned the problem because they thought it relevant to their legal problem
- b. You asked about any other issues that might be relevant to client's legal problem

- c. Client asked for assistance with this problem
- d. You raised this problem with client
- e. Problem just came up in conversation
- f. Other

d. Did you and the client talk about doing anything in regard to this problem?

a. Yes - If yes, what is going to happen?

- a. You will contact client's support worker to discuss support in relation to legal matter
- b. You will make a referral to supports on client's behalf
- c. You gave client information regarding possible supports for self referral.
- d. Strategies were talked about but none were agreed to
- e. Other

b. No - No strategies were talked about

Thank you for taking the time to complete this survey.

Improving Access to Justice: the key features of an integrated legal service delivery model

- ii. Worker/Staff
- iii. Organisation
- iv. Broader Systemic

6. What do you think facilitates integrated service delivery between WHCLS and BCH?

- v. Client/Community
- vi. Worker/Staff
- vii. Organisation
- viii. Broader Systemic

7. What do you think impedes integrated service delivery between WHCLS and BCH?

- ix. Client/Community
- x. Worker/Staff
- xi. Organisation
- xii. Broader Systemic

Improving Access to Justice: the key features of an integrated legal service delivery model

Interview Questions:

1. Please describe briefly your position at BCH/WHCLS and the work you do.
2. For the research, we have developed a list of legal/health and welfare problems. (Attachment 1)

In considering this list:

- a. Are any of these legal problems (or health and welfare problems) significant issues for the community/clients you or your program/service/organisation work with?
 - b. What is the impact of clients/communities experiencing these problems on your work or the work of your program/service/organisation?
 - c. Does your program/service/organisation help to resolve these problems?
 - d. What do you do (or what is your program/service/organisation response) when clients or the community present with these problems?
 - e. Do you work with WHCLS/BCH to address these problems experienced by your clients/community? Why or why not?
3. Thinking generally, what is your understanding of holistic (or integrated?) service delivery?
- a. What are the benefits/disadvantages?
 - i. Client/Community
 - ii. Worker/Staff
 - iii. Organisation
 - iv. Broader Systemic
 - b. What facilitates integrated service delivery?
 - i. Client/Community
 - ii. Worker/Staff
 - iii. Organisation
 - iv. Broader Systemic
 - c. What impedes integrated service delivery?
 - i. Client/Community
 - ii. Worker/Staff
 - iii. Organisation
 - iv. Broader Systemic
4. Specifically, do you think WHCLS and BCH provide integrated services?
- a. Can you give an example/s of when WHCLS and BCH provide integrated service? Please do not give identifying details of clients or staff members.
 - b. Can you give an example/s of when WHCLS and BCH do not provide integrated service? Please do not give identifying details of clients or staff members.
5. What are the benefits/disadvantages for WHCLS and BCH in providing integrated service delivery?
- i. Client/Community

J. List of Problems

Problem Categories and Subcategories

| | |
|------------------------|--|
| CRIMINAL | |
| FAMILY VIOLENCE | |
| A.1.1 | Victim of Family Violence by a family member – access to legal support |
| A.1.2 | Victim of Family Violence by a household member – access to legal support |
| A.1.3 | Parent/guardian of child who is victim of Family Violence – legal support |
| A.1.4 | Allegation of Family Violence against you – access to legal support |
| A.2.1 | Needing to access housing, medical, counselling, income support as a consequence of the experience of family violence. |
| A.2.2 | Needing to access supports for children who are victims or witness family violence |
| A.2.3 | Other |
| B.1.1 | General Crime |
| B.1.1 | Criminal Charge |
| B.1.2 | Unfair treatment by police |
| B.1.3 | Problem re bail/warrant |
| B.1.4 | Police failing to investigate a crime |
| B.1.5 | Assault victim |
| B.1.6 | Property stolen/vandalised |
| B.1.7 | Problem re medical treatment – prison/juvenile justice |
| B.1.8 | Problem re legal advice – prison/juvenile justice |
| B.1.9 | Safety threats – prison/juvenile detention |
| B.1.10 | Harassment/abuse by staff – prison/juvenile detention |
| B.1.11 | Problem re. release – prison/juvenile detention |
| B.2.1 | Needing to access support/counselling as a result of being a Victim of Crime |
| B.2.2 | Difficulties with attending court hearing e.g. needing support to get to and attend court hearing, letters of support |
| B.2.3 | Difficulties with meeting conditions of court order/parole requiring support or guidance |
| B.2.4 | Difficulties on release from prison/juvenile justice requiring support with such things as housing, income, drug and alcohol use |
| B.2.5 | Difficulties with underlying issues which were cause of criminal behaviour such as alcohol and drug use, lack of income |
| B.2.6 | Other |
| C.1.1 | Traffic Offences |
| C.1.1 | Loss of driver's licence |
| C.1.2 | Other traffic fine/offence you challenged |
| C.2.1 | Difficulties paying fines |
| C.2.2 | Difficulties as a result of loss of license meeting employment, parenting, and other social obligations. |
| C.2.3 | Other |
| D.1.1 | Family |
| D.1.1 | Problems re. residence/contact for child |
| D.1.2 | Problems re residence/contact for grandchild |
| D.1.3 | Problem re child support payments |
| D.1.4 | Child protection issues – legal support |
| D.1.5 | Fostering/adoption/guardianship issue |
| D.1.6 | Divorce/separation |
| D.1.7 | Dispute re. Matrimonial property |

| | |
|---------------------------|--|
| D.1.8 | Guardianship problem – carer of disabled/elderly |
| D.1.9 | Difficulties agreeing to or obtaining maintenance/child support |
| D.1.10 | Parent/other family abducting/threatening child |
| D.1.11 | Parent/other family abducting/threatening child |
| D.1.12 | Other family law problem |
| D.2.1 | Difficulties dealing with family separation or divorce requiring counselling/support |
| D.2.2 | Difficulties with parenting requiring support/counselling |
| D.2.3 | Difficulties for children dealing with family separation or divorce requiring counselling/support |
| D.2.4 | Difficulties with becoming a carer/guardian of a child requiring support/advice/counselling |
| D.2.5 | Difficulties accessing respite care for disabled/elderly family member/friend you care for |
| D.2.6 | Difficulties accessing adequate in home care services for disabled/elderly family member/friend you care for. |
| D.2.7 | Difficulties accessing nursing home care for disabled or elderly family member/friend |
| D.2.8 | Concerns regarding child/ren's developmental issues requiring support/advice |
| D.2.9 | Concerns regarding child/ren's health issues requiring support/advice |
| D.2.10 | Difficulties with parenting such that child/ren at risk of being or has been notified to Child Protection |
| D.2.11 | Difficulties with parenting such that child has been placed in care |
| D.2.12 | Concerns regarding child/ren's behaviour or welfare requiring support/advice |
| D.2.13 | Difficulties accessing supports for children – such as counselling, allied health services |
| D.2.14 | Other |
| CIVIL LAW PROBLEMS | |
| ACCIDENT/INJURY | |
| E.1.1 | Car accident - property damage |
| E.1.2 | Car accident - property injury |
| E.1.3 | Injury at work |
| E.1.4 | Other personal injury |
| E.2.1 | Injury - requiring medical or rehabilitation treatment |
| E.2.2 | Injury - requiring assistance with life changes - home modifications, re-skiing, financial planning |
| E.2.3 | Accident - requiring trauma counselling |
| E.2.4 | Other |
| BUSINESS | |
| F.1.1 | Problem as landlord eg. Non payment of rent, disagreement on terms of tenancy, letting |
| F.1.2 | Problem re. own business eg. Commercial tenancy issues, problems with people owing you money, paying bills, BAS, employer |
| F.2.1 | Problems with starting a business - acquiring adequate training, work experience, finances |
| F.2.2 | Problems re. the failure of a business - requiring counselling |
| F.2.3 | Other |
| CONSUMER | |
| G.1.1 | Problem re. superannuation |
| G.1.2 | Problem re. goods/services eg. Paid for something and did not get what you paid for |
| G.1.3 | Dispute with a financial institution eg. About account balance, dishonoured cheques, account keeping fees. |
| G.1.4 | Problem re. insurance eg. Not being able to get insurance, not understanding what insurance was needed, having policy cancelled. |
| G.1.5 | Complaint about a lawyer |
| G.2.1 | Difficulties with understanding insurance policies, financial contracts prior to purchasing |
| G.2.2 | Requiring assistance with budgeting/saving for items |
| G.2.3 | Other |
| CREDIT/DEBT | |

| | |
|-------|---|
| K.1.1 | Problem re. government services – carer of disabled/elderly |
| K.1.2 | Problem re. government disability/community services |
| K.2.1 | Difficulty accessing and/or maintaining appropriate benefits |
| K.2.2 | Difficulty accessing and/or maintaining appropriate services |
| K.2.3 | Other |
| L.1.1 | Government – taxation |
| L.1.1 | Dispute re taxation/debt |
| L.2.1 | Difficulty understanding or completing taxation requirements |
| L.2.2 | Other |
| M.1.1 | Government – Freedom of Information |
| M.1.1 | Problem re. freedom of information request. |
| M.2.2 | Needing advice on freedom of information process |
| N.1.1 | Government – Immigration/Refugee |
| N.1.1 | Immigration problem eg. Problem with self or family member or partner entering or remaining in Australia, with change of residence |
| N.1.2 | Seeking Asylum |
| N.1.3 | Immigration detention – problem obtaining medical treatment |
| N.1.4 | Immigration detention – problem obtaining legal advice |
| N.1.5 | Immigration detention – safety threats |
| N.1.6 | Immigration detention – harassment/abuse by staff |
| N.1.7 | Immigration detention – problem re. release |
| N.2.1 | Needing assistance understanding the how to access, process or complete documents for immigration/asylum for self or family m. |
| N.2.2 | Difficulty with immediate settlement issues such as housing, language, benefits, access to health services, education, employment |
| N.2.3 | Difficulty with ongoing settlement issues such as family separation, cultural difficulties, language, isolation |
| N.2.4 | Needing support/counseling for experiences in detention |
| N.2.5 | Needing support/counseling for trauma or torture experienced as a refugee |
| N.2.6 | Other |
| O.1.1 | Government – legal system |
| O.1.1 | Problem re. legal system |
| O.2.1 | Difficulties understanding, navigating, attending or accessing legal system including court appearances, police interviews, solicitor |
| O.2.2 | Other |
| P.1.1 | Government – local council |
| P.1.1 | Planning issues |
| P.2.2 | Other |
| Q.1.1 | Government – fines |
| Q.1.1 | Non-traffic fines you challenged |
| Q.2.1 | Assistance with payment of fines |
| Q.2.2 | Other |
| R.1.1 | Health |
| R.1.1 | Involuntary psychiatric hospitalisation – carer |
| R.1.2 | Problem re. quality of medical treatment – carer |
| R.1.3 | Problem re. disability facilities – carer |
| R.1.4 | Involuntary psychiatric hospitalisation |
| R.1.5 | Other mental health care problem |
| R.1.1 | Problem re. non-government disability services |

| | |
|------------|---|
| H.1.1 | Problem paying bill/debt |
| H.1.2 | Dispute re. credit rating |
| H.1.3 | Problem re. money owed to them |
| H.1.4 | Problem as guarantor |
| H.1.5 | Bankruptcy |
| H.1.6 | Insurance companies unfairly rejecting claim |
| H.1.7 | Insurance companies pursuing claims |
| H.1.8 | Unreasonable harassment from people/organisations |
| H.1.9 | Severe difficulties managing to pay money owed |
| H.1.10 | Threatened with legal action to recover money owed |
| H.1.11 | Getting incorrect info that led to buying insurance |
| H.1.12 | Mismanagement of insurance funds. |
| H.2.1 | Emergency relief - food and clothing |
| H.2.2 | Emergency relief - bills/rent |
| H.2.3 | Emergency relief - other |
| H.2.4 | Income budgeting assistance. |
| E.1.1 | EDUCATION |
| E.1.1 | Unfair exclusion from education - adult |
| E.1.2 | HECS issue |
| E.1.3 | School bullying/harassment |
| E.1.4 | Unfair exclusion from education - parent of child |
| E.1.5 | HECS issue - parent |
| E.1.6 | School bullying/harassment - parent of child |
| E.1.7 | Difficulties with access to special needs education |
| E.1.8 | Serious concerns over child safety at school |
| E.1.9 | Difficulty finding and/or accessing appropriate schooling/special needs education for child |
| E.1.10 | Difficulty finding and/or accessing appropriate education and training - adult |
| E.1.11 | Difficulty affording education/education requirements |
| E.1.12 | concerns regarding child coping at school - parent |
| EMPLOYMENT | |
| E.1.1 | Dispute re. employment conditions |
| E.1.2 | Unfair termination of employment |
| E.1.3 | Workplace harassment/treatment |
| E.1.4 | Workplace discrimination |
| E.1.5 | Dangerous working conditions |
| E.1.6 | Difficulty getting pay/entitlements |
| E.1.7 | Being sacked/made redundant |
| E.1.8 | Threatened with sack |
| E.1.9 | Unfair disciplinary procedures |
| E.1.10 | Difficulty finding employment |
| E.1.11 | Needing assistance with becoming job ready |
| E.1.12 | Other |
| G.1.1 | Government-Benefits/Services |
| G.1.1 | Problem re. government pension/benefit |

| | |
|-------|---|
| T.2.5 | Living in unsafe or unsuitable housing requiring support or advice to find more affordable/suitable/safer accommodation or housing |
| T.2.6 | Difficulties with affording rent requiring assistance with paying rent/budgeting for rent |
| T.2.7 | Difficulties with or requiring assistance to apply for Office of Housing |
| T.2.8 | Difficulties with current Office of Housing property requiring assistance to apply for a transfer or access maintenance |
| T.2.9 | Other |
| U.1.1 | Discrimination – marital status |
| U.1.2 | Discrimination – age |
| U.1.3 | Discrimination – gender |
| U.1.4 | Discrimination – religion |
| U.1.5 | Discrimination – sexually |
| U.1.6 | Discrimination – ethnicity |
| U.1.7 | Discrimination – disability |
| U.1.8 | Discrimination – carer of disabled/elderly |
| U.2.1 | Difficulties accessing information or understanding rights information or processes. For example tenancy, benefits, privacy, health |
| U.2.2 | Other |
| W.1.1 | Wills/estates – Bereavement |
| V.1.1 | Make/alter will |
| V.1.2 | Executor of estate |
| V.1.3 | Dispute over will/estate |
| V.1.4 | Power of attorney |
| V.2.1 | Difficulties dealing with grief over death of family member/partner/friend |
| V.2.2 | Difficulties dealing with own terminal illness requiring support or counselling |
| V.2.3 | Difficulties dealing with terminal illness of family member/partner/friend requiring support or counselling |
| V.2.4 | Other |
| W.1.1 | Other legal issues |
| W.1.1 | Anti-social behaviour orders |
| W.1.2 | Other |
| X.2.1 | Other health/social problems |
| X.2.1 | Drug and Alcohol |
| X.2.1 | Problematic drug or alcohol use requiring support |
| X.2.2 | Problems with access to pharmacotherapy/medical treatment for drug and alcohol misuse |
| X.2.3 | Other |
| Y.2.1 | Problem Gambling |
| Y.2.1 | Problematic gambling requiring support. |
| Y.2.2 | Other |
| Y.2.3 | Disputes |
| Y.2.1 | Problem with neighbours impacting on ability to live comfortably in own home. |
| Y.2.2 | Problem with community group members potentially leading to exclusion from community events and activities |
| Y.2.3 | Other |

| | |
|--------|---|
| R.1.2 | Problem medical treatment – psychiatric ward |
| R.1.3 | Problem re. legal advice – psychiatric ward |
| R.1.4 | Safety threats – psychiatric ward |
| R.1.5 | Harassment/abuse by staff – psychiatric ward |
| R.1.6 | Problem re. release – psychiatric ward |
| R.1.7 | Problem with treatment/care after leaving hospital |
| R.1.8 | Clinical Negligence – medical treatment |
| R.1.9 | Clinical Negligence – dental treatment |
| R.2.1 | Difficulties with health requiring medical treatment, advice or support |
| R.2.2 | Difficulties with an ongoing/chronic illness or health condition requiring ongoing medical treatment, support or advice |
| R.2.3 | Difficulties related to a disability requiring medical treatment, support or advice |
| R.2.4 | Other |
| H.1.1 | Buying or selling a home |
| S.1.1 | Dispute with neighbours involving threats or abuse |
| S.1.2 | Dispute with neighbours involving threats or abuse |
| S.1.3 | Strata title problem – dispute with owners' corporation eg. Body corporate, common property |
| S.1.4 | Mortgage repayments |
| S.1.5 | Repossession |
| S.1.6 | Dealing with squatters |
| S.1.7 | Landlord dispute with tenants |
| S.2.1 | Difficulties related to loss of home requiring support or counselling eg. Through fire, family breakdown, death of family member |
| S.2.2 | Other |
| R.1.1 | RENTED ACCOMMODATION |
| T.1.1 | Tenancy Problem – Office of Housing – eviction or threat of eviction, rent increases, privacy, unsafe or unsuitable living conditions |
| T.1.2 | Tenancy Problem – Private rental – eviction or threat of eviction, rent increases, privacy, unsafe living conditions |
| T.1.3 | Tenancy Problem – Boarding house/hostels – rent increases, privacy, eviction, unsafe living conditions |
| T.1.4 | Tenancy Problem – Caravan Park - eviction or threat of eviction, rent increases, privacy, unsafe living conditions |
| T.1.5 | Tenancy Problem – Disputed arrears |
| T.1.6 | Tenancy Problem – Office of Housing/government owned housing/accommodation -getting landlord to do repairs |
| T.1.7 | Tenancy Problem – private rental – getting landlord to do repairs |
| T.1.8 | Harassment by landlord |
| T.1.9 | Getting bond back |
| T.1.10 | Transfer of tenancy on death or separation |
| T.1.11 | Housing estates – Problems with fees, rules, access to utilities, leases, security |
| T.1.12 | Caravan parks – problems with fees, rules, access to utilities. |
| T.1.13 | Retirement home/village – problems with your contract, fees, or access to utilities. |
| T.1.14 | Nursing home problem related to residence – carer of elderly/disabled |
| T.1.15 | Nursing home problem related to residence – disabled person |
| T.1.16 | Flatmates not paying rent/anti-social behaviour |
| T.1.17 | Sub-letting rooms |
| T.1.18 | Neighbour disputes |
| T.2.1 | Experiencing homelessness requiring support to access crisis/temporary accommodation and more suitable long term housing |
| T.2.2 | Experiencing homelessness and difficulties maintaining current crisis/temporary accommodation requiring support to find more su |
| T.2.3 | Difficulties maintaining current housing requiring assistance to manage and maintain safe living conditions |
| T.2.4 | Difficulties obtaining necessary household items and appliances eg. Beds, kitchenware |